

1 (UNEDITED ROUGH DRAFT)

2

3 November 14, 2005

4 Virginia Public Safety Outreach Conference

5 Sheraton Richmond West

6

7 MS. SIMMONS: Good morning folks. I  
8 just wanted to let you know that we would  
9 like to start on time, but we are trying to  
10 get a lot of our equipment set up, so it's --  
11 thank you. And I've already forgotten to use  
12 one of my mics. I hope that's better.

13 We probably won't start for another 15  
14 minutes. We are trying to get some of our  
15 laptops hooked up correctly. So, if you want  
16 to take an extra minute to get a cup of  
17 coffee or juice and, I apologize for starting  
18 a few minutes late. A little bit of  
19 housekeeping while I'm here.

20 If you exit the rooms, when you exit  
21 the room and go passed the registration desk,  
22 the bathrooms are on your left. Keep going  
23 past the food, past the registration desk and  
24 the restrooms are on the left.

25 Also, if you take a right and head down

1 the hall and past the other conference, there  
2 are restrooms down there on your left.

3 So, I wanted to let you know, exit is  
4 also to your left or right. I guess the left  
5 would be the quickest.

6 So, in about 10 minutes, we will begin  
7 and I'm sorry to hold you up.

8

9 (Short pause).

10 MS. SIMMONS: Good morning, folks.

11 Can you hear me?

12 Hello. Good morning.

13 NEW SPEAKER: Good morning.

14 MS. SIMMONS: It's great to see all of  
15 you of the I apologize for starting just a  
16 little bit late. We needed to get some of  
17 the technical things taken care of. And  
18 change is good, that's what I've been saying  
19 all morning because we have been very busy  
20 trying to change things to accommodate  
21 everyone in this little nook and cranny  
22 corner of the hotel. We didn't expect to be  
23 back here earlier. Before we start, I wanted  
24 to mention we have a couple of, as you  
25 noticed a few conferences going on in the

1 hotel. If you are here for the regional  
2 medical reserve Corp conference, this is not  
3 the room, but you are welcome to stay.

4 Since we work with you, we would love  
5 to have you stay.

6 And I don't think I introduced myself.  
7 I'm Suzanne Simmons, I'm the volunteer  
8 coordination program manager with the  
9 Virginia department of emergency management.  
10 I am also the citizen Corp point of contact  
11 for the State of Virginia and I've been with  
12 that program since we start and we are going  
13 through some adjustments right now.

14 Around the room you will find folks  
15 from VDEM that are assisting in the back, we  
16 have Beth, if you would hold your hands up,  
17 Beth Drewery, if anybody has any questions,  
18 please go to Beth and next to her is Sharon W  
19 O O, Anna McCray is our new citizen Corp  
20 program and certificate training and Outreach  
21 coordinator and she is busy right now running  
22 from handouts off, I believe.

23 So, if you see a name tag with A N N  
24 on, please tackle her with any of your  
25 questions. And we also have S H E N A, S I N

1 E G, Laverne Davis. No, I knew LA V ER N  
2 Davis and I also call her that. And I don't  
3 know over on this side Alicia last name. I  
4 apologize.

5 NEW SPEAKER: It's okay.

6 MS. SIMMONS: So please feel free to  
7 ask any of us for assistance if you need it.  
8 The bathrooms, like I said through the exit  
9 the closest ones are down the hall directly  
10 on your right. There are schizophrenia on  
11 your right t does not have an automatic door.  
12 If we need to get out of here fast, please  
13 assist someone with the doors if need be and  
14 if not there is an automatic door in the  
15 lobby if you go to the right when you exit  
16 the room.

17 So, okay. There are also pay phones,  
18 public phones out of the room and down the  
19 hall passed the food on your left.

20 I think I was getting my hands mixed  
21 up. Bathrooms is on the left, exit on the  
22 left and automatic door exit and other  
23 bathrooms towards your right.

24 Okay. I didn't mean to get so  
25 long-winded this early in it.

1           I really want to welcome to you this  
2           training. We started planning this about oh,  
3           a year ago she we were closing up our last  
4           public safety conference. And she we  
5           envisioned having this day long, day and a  
6           half long training dedicated to preparing for  
7           all abilities, we didn't realize at the time  
8           what the year ahead would look like.

9           Because it's been a long year. It  
10          was -- we are about a month shy of the  
11          terrible anniversary of the assume anti and  
12          earthquake that occurred in the Indian ocean.  
13          It happened on December 26th, so in another  
14          week, we will be a month shy of that  
15          devastating event and when you think of  
16          something that killed over 280,000 people and  
17          displaced more than a million people, it's  
18          quite an extraordinary ordinary national  
19          catastrophic disaster, and we also shortly  
20          after that, just as everybody was more or  
21          less recovering from dealing with some of the  
22          issues that even reached here in the  
23          United States from the Tsunami, Katrina came  
24          into our line of vision. And of course  
25          Katrina even though the numbers weren't as

1 great as those in the Tsunami, and as far as  
2 people affected, people displaced, the death  
3 told, or the recent earthquake in Pakistan,  
4 which took a told of more than 35,000 folks,  
5 so even though Katrina perhaps wasn't as  
6 devastating, any loss of life, anybody who  
7 doesn't have a home is a cat as tree fee.  
8 Those of us who work with disasters know that  
9 one death is too many, one person that is  
10 still displaced from their community a year  
11 following an event is one person too many.

12 So, Katrina is what we have heard the  
13 most about, it happened in your backyard, the  
14 cameras were there, the radio crews were  
15 there, it was in our living room, it made us  
16 realize that this can happen to anyone. And  
17 more than that, it brought home what this day  
18 and a half of training was all about, the  
19 fact that not only can disasters hit and  
20 effect anyone and we don't have much control  
21 over that, but there are vulnerable  
22 population that is are more affected that  
23 have a greater risk of being affected by  
24 those disasters and those populations include  
25 those with physical disabilities, those

1 people with mental disabilities, our poor  
2 communities, our disenfranchised communities,  
3 our children in some of these communities are  
4 also a vulnerable population. And I know we  
5 could just end Leslie count those that are in  
6 those risk groups. So that's one thing that  
7 we want to start working on at this day and a  
8 half workshop. We have some great  
9 presenters. I've worked with them on the  
10 national organization for disability through  
11 some of their programs and at their  
12 conferences. And these are people who have  
13 worked in the field for many, many years,  
14 have advocated emergency preparedness for  
15 those vulnerable populations.

16 So, I think we will learn a lot, but  
17 more than that we also have some folks that  
18 will be here from our state agencies on the  
19 panel this afternoon and they will be talking  
20 about gaps and needs and possible solutions  
21 and hopefully we will get some conversations  
22 going. And even more important than our  
23 wonderful speakers and our wonderful  
24 panelists are you, our audience, because we  
25 are hoping that you will start a dialog with

1           us so that we can start preparing our  
2           vulnerable population ins Virginia so that  
3           when we have an natural disaster such as  
4           Katrina and hopefully we won't in Virginia,  
5           but even in every day emergencies, that we  
6           will be able to provide for those populations  
7           and our communities will become safer and  
8           more secure and healthier. So I want to  
9           welcome you and I want to introduce our first  
10          speak E speaker today. And I will let her  
11          tell a little more about herself, but her  
12          name is Edwina Juillet so -- is that correct.  
13          Did I do it. Juillet, but you can also call  
14          her Edwina Juillet.

15                 MS. JUILLET: It's easier.

16                 MS. SIMMONS: It's a lot easier, so I  
17          want to let you know. And another thing I  
18          forgot to mention early on is that if you  
19          have a T coil hearing aid, we do have a table  
20          that has a -- let me look at my notes, an  
21          induction loop set up near it so that if you  
22          would like to sit at this front table, we  
23          welcome you to join us and you should get  
24          better reception to hear what our fine  
25          speakers have to say.

1                   Edwina has been advocating for codes  
2                   and standards for emergency evacuation for  
3                   probably over 30 years. She's well known in  
4                   the field. And her abiding interest, she  
5                   says is egress for persons with disabilities.  
6                   So I'm going to turn the mic over to Edwina  
7                   Juillet.

8                   MS. JUILLET: Would you please explain  
9                   to me what I'm going to.

10                  Supposed to do.

11                  MS. SIMMONS: This pun E one and hold  
12                  it with that.

13                  MS. JUILLET: Okay. Have I got the  
14                  loop. Loop people. Hi Lisa.

15                  And I guess it's best if I hold it at  
16                  this, put it in my necklace, there isn't  
17                  anything to hook it up with. How's that.  
18                  You sure.

19                  NEW SPEAKER: Fine.

20                  MS. JUILLET: Suzanne, when she invited  
21                  me to actually she invite hill reST i.e. RO N  
22                  who is the director of the emergency  
23                  preparedness initiative at the national  
24                  organization for people with disabilities and  
25                  as you can math E imagine, hill reis

1           extraordinarily busy. And because I was a  
2           part of the SNAKE team which, I will explain  
3           to you later what that is going into Katrina,  
4           going into the Gulf Coast states, nine days  
5           after the disaster hit, hill reasked if I  
6           would mind do it and I would say but of  
7           course not, it's a great honor to be part of  
8           the team and to be able to share some of the  
9           information with you.

10                 Suzanne said to us, said to me when we  
11           were first talking about this, feel free to  
12           change anything you want, if you want to work  
13           with June, which I do, not often enough, so  
14           June was the head of our team, and since  
15           she's going to be speaking to you at least  
16           seven more times, at least it seems that way,  
17           June and I decided we would do a tag team on  
18           this.

19                 I would like to start by telling you of  
20           the passing of the founding director of the  
21           national organization on disabilities, Allen  
22           R I K E. Allen R I K E many years ago  
23           founded the national organization on  
24           disabilities and it was ground breaking work  
25           that he did and what was of most significance

1 to me for my interests is that on September  
2 the 18th, 2001 that's seven days after 9/11,  
3 he called national meeting in Washington D.C.  
4 around the board room table, his constituents  
5 the disability community were up in arms, hue  
6 and cry, saying you have got to do something  
7 about us and disabilities and emergency  
8 management. And he did. And that meeting  
9 was held seven days after 9/11. And I think  
10 that's extraordinarily remarkable. And as  
11 you know one of the results of that, the most  
12 important one for me is that they formed a  
13 group call the emergency preparedness  
14 initiative and the most important of all,  
15 they hired a person who is both an emergency  
16 experienced emergency manager and also  
17 experienced in the field of emergency  
18 management and people with special needs, as  
19 that's their name for it.

20 Special needs. June will talk to you  
21 later about special needs and our feelings on  
22 how that terminology is used.

23 But, at any rate, Mr. R I K E, Dr. R I  
24 K E I believe, died on Tuesday and for those  
25 of you who follow that organization closely

1 would probably be interested in knowing that  
2 his memorial service is being held in  
3 Washington D.C. on December the 13th.

4 So, June Isaacson Kailes of California  
5 sitting to my left.

6 So, here we go. We will start with the  
7 formal presentation. And then I will tell  
8 you when we are ready to digress from that.

9 I'm going as to start with the only  
10 statistics you are going to have on  
11 disabilities, I promise you just this, and  
12 I'm taking from the 2,000 census, 19 point  
13 3 percent, do you not have my handout. You  
14 don't have it. Sorry. 19 point 3 percent of  
15 all people, all Americans over five years old  
16 have a disability as relate to  
17 transportation, employment or selfcare. Now  
18 we are going to go the golf course. 23 .2  
19 percent of new or lean residents are  
20 disabled. That is one-sixth of the national  
21 average. 1 point 6 more than the national  
22 average. Nearby saint Bernard parish had  
23 23.4 percent. And the prosperous Jefferson  
24 parish also in Louisiana, had 21.0 percent.  
25 Now remember the national percentage is 19

1 point 3.

2 And little difference was found in  
3 Mississippi in their two hardest hit Gulf  
4 Coast cities of Hancock and Jackson, their  
5 percentage of people with disabilities was 27  
6 point 1 and 2 1.3 respectively.

7 The purpose of -- it got stuck. I hate  
8 that noise.

9 The next slide is titled, it's headers  
10 are purpose and field team deployment and it  
11 explains what SNAKE is. SNAKE is a special  
12 needs assessment for Katrina evacuees, S NA K  
13 E. Report findings. And the first part of  
14 it is purpose field team and deployment. The  
15 purpose was to capture a snapshot in time,  
16 just a snapshot in time through a  
17 representative sampling of experience and  
18 observation on the ground.

19 The teams, field teams were four teams  
20 of three, those three were emergency  
21 managers, subject expert, and disability on  
22 aging populations during disasters and the  
23 third one was there to collect and transfer  
24 data to the analysis team in D.C.

25 The teams went to state emergency

1 operations center in LA, Mississippi,  
2 Alabama, Houston and Texas.

3 Now, let me tell you a little bit about  
4 how this study was put together.

5 Think of it, as you know, the 29th of  
6 August was the date that Katrina hit, and  
7 September the ninth, the teams were put  
8 together, the project was approved by NOD and  
9 their board, and we have the questionnaire  
10 complete by Sunday the four teams of three  
11 were on the ground in Louisiana, Mississippi  
12 and Alabama and Houston, Texas Monday, we  
13 briefed them on Monday night. And they were  
14 in the states, Gulf States for two days to do  
15 surveys. So the data that you are going to  
16 be hearing about today is from the following  
17 Tuesday and Wednesday. The data was then  
18 transmitted back to us in Washington D.C. and  
19 we analyze it had on Thursday, Friday and  
20 Saturday, wrote a report that we handed into  
21 the top people in NOD who refine the report,  
22 got it vetted by NOD and it was published on  
23 Wednesday.

24 You have a website where you can get it  
25 from NOD dot org and also in your package you

1 have two or three aspects of the SNAKE report  
2 on the CD-ROM.

3 Is that it? We are finished with that  
4 one.

5 So, you now know what we were going to  
6 do and who the analytical team was. And  
7 now -- I mean who the field team was. The  
8 analytical team were five subject matter  
9 experts, experience indeed special needs and  
10 emergency management, and the report  
11 evaluation we used the assessment tool, the  
12 questionnaire to look at four categories.

13 Areas, sheltering, management policies  
14 and training, resources and community based  
15 organizations.

16 Snapshot of what we found was Katrina  
17 reinforced the lessons learned regarding  
18 management, policy and training issues  
19 identified in previous large scale disasters  
20 such as Hurricane Andrew and L O M APR i.e. T  
21 A and Northridge earthquakes and of course  
22 September 11th. The catastrophic scope and  
23 resultant impact on seniors, people with  
24 disabilities and those who are medically  
25 dependent in the Gulf States amplified those

1 problems.

2 The findings confirmed what has been  
3 recognized for years that traditional  
4 response and recovery systems are often not  
5 able to successfully meet the needs of those  
6 pop indications.

7 On sheltering, the shelter assessments,  
8 the quality spanned the continuum from  
9 everything practices to unorganized even  
10 chaotic coordination and communication among  
11 shelters was difficult and sometimes  
12 completely lacking. That lack made the work  
13 of the disability organizations already over  
14 taxed much more difficult. Also the lack of  
15 communications and coordination impaired the  
16 deployment of needed volunteers such as  
17 registered nurses.

18 Of the management and policies and  
19 training, 50 percent of those interviewed  
20 have policy plans and guidelines for  
21 accommodation ins place prior to Katrina, but  
22 only 36 percent had someone with expertise on  
23 site to provide guidance.

24 Resources. The gap between emergency  
25 management and disability and aging specific

1 organizations widened when the organizations  
2 tried to connect with the emergency  
3 management Community. And this is so  
4 startling and I guess you recognize this as  
5 true. 85 percent of the commonly -- of the  
6 community based groups answer that had they  
7 didn't know how to link with emergency  
8 management systems.

9 In fact, several responded in the  
10 following, they thought the link to the  
11 emergency management in their area would be  
12 through calling 911.

13 And finally, CBOs, community based  
14 organizations, -- keep going -- no, back up.

15 Okay. Never mind, you are right.

16 Do we have the same group? That's  
17 okay.

18 Just go on down to -- thank you for  
19 your time. Thank you. Thank you for your  
20 time.

21 We just coordinated this morning. Now,  
22 this formal national NOD EPI SNAKE report is  
23 much longer than this. The formal one. But,  
24 I'm going to go away or we are going to go  
25 away are that report now.

1           You know just about everything there is  
2           to know about shelters and you have seen a  
3           gazillion of Katrina and Rita photographs.  
4           So, as June and I have the privilege of being  
5           members of the analysis team, June was our  
6           leader, we will continue on with the data  
7           points that were the most striking from our  
8           perspective.

9           And I was going to tell you more about  
10          the website, the NOD website, but everything  
11          you need to know is on your CD-ROM.

12          The reason we are diverting from this  
13          is that original presentation of the report  
14          from the surveys done on the Gulf Coast was  
15          to present to policy makers who do not have  
16          your knowledge base. You being connected one  
17          way or another with emergency management just  
18          didn't need it and I've already gone through  
19          the fact that we are fully aware of the fact  
20          that you know the ABCs of shelter also, this  
21          report, I would like you to know is in the  
22          public domain and you now know how to get t  
23          many times have you been told how to get it.

24          So, here is where June and I go back  
25          and forth on this. I'm going to give you a

1 series of quotes from the surveys that were  
2 most remarkable for us. And this one I would  
3 like to have turnover to June. And that is  
4 that assessment was seen -- this is remember  
5 from the surveys, the assessments were being  
6 seen through medical eyes as opposed to  
7 advocacy eyes.

8 The next slide.

9 And June is going to talk about this  
10 until I interrupted.

11 JUNE KAILES: High. Is this okay.

12 Hi. Is this okay?

13 What we found is that not unsimilar to  
14 the day to day view that society has around  
15 disability, there was a view as people  
16 appeared at shelters that disability was  
17 equated with being sick, that when there's an  
18 automatic response if somebody had a  
19 advisable disability, that they therefore  
20 needed medical assistance. And that  
21 potentially would not be able to adequately  
22 function in a mass shelter in the typical  
23 regular shelter.

24 And we understood this because there  
25 are definite miss stereotypes about

1           disability in our society and they do carry  
2           over to both the healthcare community as well  
3           as the emergency management community, so  
4           what we found in order to -- what happened  
5           was that this assessment through medical eyes  
6           meant that many people were unnecessarily  
7           referred to medical needs shelters instead of  
8           being allowed to manage in the mass shelters  
9           and others actually because of this were  
10          finding themselves unnecessarily actually  
11          having to go to nursing homes.

12                 So the issue here is that we through  
13          training and cross training can begin to  
14          impart some disability competency and  
15          disability literacy in terms of shelter  
16          managers, but we are not under the false  
17          impression that we can impart all of our  
18          knowledge to managers, which means that the  
19          lesson learned here is that there needs to be  
20          a partnership between shelter managers and  
21          people who know disability and the  
22          complexities of living independent with a  
23          disability firsthand because of the work they  
24          do and the in-depth knowledge that they bring  
25          to what they do.

1 Stop me when you want to, okay.

2 MS. JUILLET: Okay. One of the most  
3 underserved populations that we learn through  
4 this didn't take very long to figure it out,  
5 is the most underserved population were  
6 people evacuees who were either deaf or hard  
7 of hearing and as a result of that, people  
8 who were out of hearing reach in shelters  
9 were also impacted by it, but we will go into  
10 that in a little more detail.

11 Now, here's another quote. I don't  
12 know if it's politically correct or not, but  
13 this is the way it was said.

14 Next one.

15 Keeping families intact some families  
16 so large they had to question, they had to  
17 work and question who goes with whom, mothers  
18 and father's and six and seven children. It  
19 went something like this. Eny meany miny mow  
20 or who would go with mama.

21 One of the big issues is that families  
22 are separate, they have no idea where the  
23 members of their family are and that's still  
24 the case.

25 Unless June wishes to say something

1 more about that, other than the fact that I  
2 think we will be addressing it in other  
3 presentations, but those of you who work with  
4 hospitals know that you've got to keep  
5 tracking, when you are in your command center  
6 and your victims are being sent off to  
7 various hospitals, there has to be some way  
8 of tracking where people are going. And  
9 there was none. Remember we told you in the  
10 beginning, there was no coordination and  
11 almost no communication. And that was one of  
12 the things that fell through the cracks.

13 JUNE KAILES: I just want to give a few  
14 more examples with people with disabilities  
15 being able to function adequately in mass  
16 shelters. For example, there was sometimes  
17 there was the impression that if you are a  
18 wheelchair user and have difficulty  
19 transferring to a cot, then you automatically  
20 need to go to a medical shelter. With no  
21 recognition that there are people who can  
22 automatically and on the spot simultaneously  
23 create their own support system, so they can  
24 teach people how to help them transfer or they  
25 can put four phone books under a cot to raise

1           it so that they can transfer with assistance.  
2           There is sometimes thinking that people with  
3           visual disabilities or people who are blind  
4           cannot function in a mass shelter because  
5           they can't find their way around because of  
6           the crowd and all the chaos.

7                     Well, people who live with visual  
8           disabilities are very apartment AP T at  
9           creating, again, their own support system and  
10          their own way to get oriented to a new  
11          environment. so, again, those are just some  
12          examples of the way people can actually  
13          function and create their own assistance as  
14          needed and their own support teams.

15                    MS. JUILLET: As she pointed out, that  
16          was one of the many residence, but I think  
17          probably one of the more important is once  
18          that families were separated because there  
19          was this misconception.

20                    The next one is partnering with  
21          community based organizations. The quote  
22          that we took from our surveys was it would  
23          have been nice to have someone local, this is  
24          the shelter manager saying this, it would  
25          have been nice to have someone local provide

1           them or us, with a list of resources in the  
2           area, rather than taking staff hours on the  
3           phones all day trying to find equipment.

4           Remember we went back to saying  
5           85 percent of the community based  
6           organizations did not work with their  
7           emergency management, they hand done prior  
8           planning, they had plans some of them did but  
9           85 percent of those that had plans did not.

10          Community based organizations have to  
11          keep lists up to date of all the equipment  
12          that their client require and emergency phone  
13          numbers for all the people who are resources  
14          for the clients that they serve.

15          And those are readily available if the  
16          emergency managers had had them or there  
17          would have been an expert, subject matter  
18          expert on the scene in the shelters, then  
19          those listed.

20          Lists would have been available, they  
21          would have had the latest telephone numbers  
22          for people resources and getting DMEs.

23          Do you want to say something more. I  
24          know you do.

25          JUNE KAILES: One of the frustrations

1 with Katrina was that the disability  
2 community advocates quickly mobilized and did  
3 present themselves as people who could be  
4 used as partners at the shelters to help  
5 identify people with disabilities who needed  
6 some additional or complex kind of  
7 assistance.

8 What happened was that they were often  
9 turned away because they didn't have any  
10 official status. Had they been allowed to  
11 assist that same shelter manager would not  
12 have had to spend 8 hours of her or his time  
13 trying to locate a manual wheelchair for  
14 somebody who had lost theirs during the  
15 chaotic evacuation. And there are many more  
16 stories like that that could repeat  
17 themselves. I think the lesson learned is  
18 there's got to be an effort toward creating a  
19 more effective partnership so that when the  
20 response occurs, both the disability  
21 community and the emergency management  
22 community knows who their partners are in  
23 terms of disability services.

24 MS. JUILLET: And just in closing with  
25 this particular slide, I would like to talk

1 more about the most underserved community and  
2 that was the evacuees who were deaf, hard of  
3 hearing and of course because for instance  
4 just one simple thing, televisions were not  
5 captioned, the speaker, loud speaker system  
6 often put some people at great disadvantage  
7 because the shelters were so large that there  
8 were many people out of hearing range. So  
9 you had three categories people who are deaf,  
10 people who are hard of hearing and people who  
11 were out of hearing range. And there was no  
12 way of communicating. Most of the TTYs if  
13 they did have them were not working. There  
14 were no interpreters. I think we have one  
15 slide that you won't see here where it has a  
16 paper sign written deaf section. I will --  
17 with Cheryl Heppner in the front row, I would  
18 like to have a little more about that. Do  
19 you want to give me some more details.

20 JUNE KAILES: Over the years the  
21 lessons learned in sheltering was people that  
22 with mobility disabilities had a great deal  
23 of difficulty accessing items like showers,  
24 bathrooms, accessible routes, but during this  
25 particular project, we found that the people

1           who were most impacted in terms of access  
2           were people with hearing limitations and  
3           people who were deaf. That the message --  
4           the announcements made in the shelters were  
5           not redundant. That is they were not  
6           produced in writing, they were not posted,  
7           and they were not made available to people  
8           who could not hear them. So we had some  
9           people in the shelters who were deaf who  
10          didn't eat for days because they thought they  
11          had to pay for their meals. And nobody told  
12          them differently. And we had a lot of  
13          experience like that in terms of people not  
14          hearing the communication because it was only  
15          made available through auditory  
16          announcements.

17                MS. JUILLET: This next one is about  
18                sell even S E L E NA who is a quadriplegic  
19                and it was update as of yesterday or the day  
20                before, the story.

21                JUNE KAILES: This is from testimony at  
22                the senate.

23                MS. JUILLET: It was actually the  
24                house.

25                JUNE KAILES: House.

1 MS. JUILLET: The house, Earl yes this.  
2 E earlier this week.

3 One of the shelters, you probably heard  
4 about this and I would like to -- it's  
5 becoming an urban legend that there was a  
6 special need shelter where the special needs  
7 services were being offered on the second  
8 floor. So, of course, all those who needed  
9 to access it, couldn't get up there. Because  
10 of course, there wasn't a working elevator.

11 Well, once the teams got there, what we  
12 found out was is that that shelter had so  
13 much quote civil unrest, that one of the team  
14 members had to put on a CA V L ER suit and,  
15 at any rate that was taking care of shortly  
16 thereafter, they were able to quail some of  
17 the right thing and the vial.

18 Rioting and they violence and they were  
19 able to get some of the medical services down  
20 on the ground level. S E L E NA was a  
21 example of one of the persons E persons who  
22 have a quadriplegic and totally independent  
23 in her daily living. And the story starts  
24 like this, Marcy Ross tells this story. She  
25 decided S E L E NA decided that she would pay

1           for college rather than a homeowners  
2           insurance. She gambled that putting her  
3           money into college would be a much better  
4           investment. On August 29th, she evacuated  
5           first to her family and then to a crowded and  
6           understaffed special needs shelter where she  
7           had to sleep in her wheelchair. The shelter  
8           was unexpectedly closed down and then she was  
9           sent to a bed and breakfast with no  
10          accessible bathroom.

11                   Ultimately her skin just couldn't take  
12           the repeated abuse and she developed life  
13           threatening pressure sore. She ended up in  
14           the hospital. S E L E N A survived the  
15           hurricane but hasn't done so well in the 10  
16           weeks after the hurricane due to inadequate  
17           care she faces surgery now and months and  
18           months of recovery. She is still living in a  
19           nursing home and she has no place to go.

20                   And there are myriad stories like that.  
21           Do you have any you want to add.

22                   Now I'm going to talk to you -- hay,  
23           what happened. I've lost -- I'm going to  
24           give you some nice stories. One of the  
25           better stories that came out of this was

1           about three shelters and I think it's my  
2           terminology they were community embraced  
3           operations. And I use them as very  
4           successful. There were these exemplary  
5           shelters were opened quickly community  
6           entities of their own volition that hadn't  
7           previously been planned. And they were  
8           opened by individuals with little or no  
9           shelter experience, for example, this is  
10          example number one. An abandoned and  
11          dilapidated school was restored to code by a  
12          cautery of local volunteers including  
13          electricians, plumbers and engineers and many  
14          college students. Evacuees residing in this  
15          shelter have abundant, had abundant amenities  
16          available to them. Elaborate medical service  
17          were provided, including physicians,  
18          registered nurses, mental health  
19          practitioners and pharmacists. Day and  
20          evening clinical hours were schedule for both  
21          the evacuees residing in the shelter as well  
22          as those who had been relocate to temporary  
23          housing.

24                Other elements contributory to the  
25          overall comfort of the evacuees included day

1           care, computer room with internet access and  
2           around the clock snack areas staffed by the  
3           American Red Cross and the best of all was  
4           each family had their own separate private  
5           living area.

6                   I believe this is Alabama E the second  
7           one was in Texas.

8                   And the city mayor just decided that  
9           they were going to take the convention center  
10          as a general and medical needs shelter. You  
11          are not going to believe some of the things  
12          that I'm about to tell you but we had  
13          eyewitnesses on the ground. He appointed a  
14          local hero respected retired military officer  
15          to oversee the entire operation.

16                  And some of the services provided were  
17          a deaf center with interpreters, accessible  
18          shuttle service, three recreation rooms,  
19          playground game room, adult and children  
20          library, a movie theatre, TV rooms, puppet  
21          show, message center, internet access, post  
22          off, bank, ATM, chapel, narcotics anonymous,  
23          alcoholics anonymous meetings, barber shops.  
24          And there was extensive volunteer structure  
25          at times. There is one to one ratio. I

1           can't believe that, but I was told that's so  
2           E and then it ended by saying this was a  
3           place to be, it had carpeted floors, good  
4           lighting all volunteers outfit in their  
5           compassion, operation compassion T-shirts.

6                     Leave it to Texas.

7                     And the last one, the way it was  
8           described was that there was no bureaucracy.  
9           We all understand that. No one had to --  
10          they didn't have to sign any papers, go  
11          through 16 people to find out who had the  
12          answer to this, the communications, and  
13          coordinations were excellent. There was  
14          another community-operated shelter was  
15          described as having, as I said, no  
16          bureaucracy. Anything that was needed was  
17          provided by the community to the evacuees,  
18          including those with disabilities. The  
19          shelter was able to support long term stays,  
20          and the goal was to assist in the transition  
21          of those who chose to return back into the  
22          community.

23                    And finally along this order I would  
24          like to describe Mississippi. The person  
25          special needs expert to came back from

1 Mississippi, she report to us personally, and  
2 she said that there didn't seem to be any  
3 state structured shelter management, but  
4 there was an incredible overwhelming faith  
5 based organizations that came to the effort  
6 and opened shelters and in some cases they  
7 had experience, but in a lot of cases they  
8 did not. They just found people who could  
9 tell them what to do.

10 And this is one of the two final  
11 comments. This is not a Red Cross  
12 responsibility, most of it is just common  
13 sense anyway. When asking Red Cross  
14 volunteers in shelters what do you have for  
15 people with disabilities, that was an often  
16 heard statement. June.

17 JUNE KAILES: Another statement that  
18 Marcy Ross reported hearing from another  
19 Red Cross facility shelter was when something  
20 like this, we don't do special needs, and we  
21 have a hard enough time dealing with quote  
22 intact, unquote people.

23 Woe, huh, Woe.

24 So, we do have a problem with the  
25 perception that we need to address. And one

1 of the ways that we -- one of the  
2 recommendations we made in this and many  
3 others is that part of the intake process of  
4 a shelter, that specific questions are asked  
5 in every plain language about people's needs  
6 relate today disability. And the question  
7 would not be do you have a disability.  
8 Because many people there never identify as  
9 having a disability for a number of reasons  
10 that we can go into later if you care to know  
11 why. What we found that a better question is  
12 goes something like this: Do you have any  
13 difficulty hearing, seeing, walking, getting  
14 around, understanding or waiting in line?  
15 Anything you may need assistance with that we  
16 need to know about ahead of time. Do you  
17 have any allergies. Just a one or two  
18 specific questions can go a long way in  
19 helping to identify people who may need some  
20 simple accommodations. Simple, not  
21 complicated and certainly something that if  
22 you are partnering with disability experts,  
23 you can deal with in a regular mass shelter.

24 MS. JUILLET: And the recommendation to  
25 the Red Cross for us was you're serving the

1 American public and not just a part of the  
2 public, but all of the public. And that they  
3 should start integrating the disability and  
4 disaster planning manuals into their -- all  
5 of their volunteers training.

6 Well, at this point, if you.

7 JUNE KAILES: Can I say something about  
8 that.

9 MS. JUILLET: Or yes, sorry.

10 JUNE KAILES: The other part of that  
11 quote was the one about we have enough  
12 trouble serving intact people as we have  
13 taken a lot of our volunteers from off the  
14 street. Well, that says to me this there has  
15 to be some kind of quick and dirty  
16 orientation to all volunteers and you can't  
17 assume that they have all gone through the  
18 mass sheltering courses that the Red Cross  
19 offers. And even if they have, I'm not clear  
20 about the disability related content of those  
21 courses.

22 That's it.

23 MS. JUILLET: Thank you. You do not  
24 have this slide.

25 JUNE KAILES: Oh.

1 MS. JUILLET: You can go back to the  
2 original slide, just the intro slide with  
3 your name and my name on it. I don't have  
4 any more content slides.

5 There's one other statistic that I want  
6 to share with you and then June and I have  
7 some suggestions. And that is Kaiser -- the  
8 Kellog foundation, Kellog or Kaiser.

9 JUNE KAILES: Kaiser.

10 MS. JUILLET: The Kaiser family and  
11 Washington Post did a survey after we had  
12 done our, but theirs was for -- they talked  
13 to 91 individuals who were identified as not  
14 having been able to evacuate on their own for  
15 one resident or another. And of course one  
16 of the residence was they doesn't a car or  
17 didn't want to leave or one percent said they  
18 didn't want to leave their pet. But the most  
19 remarkable statistic were the number of  
20 people who couldn't leave because they were  
21 physically unable to leave or they were  
22 caring for someone who was physically unable  
23 to leave.

24 And I think this was very, every key.  
25 If you can get your hands on that Kaiser

1 family Washington Post survey, I think we can  
2 probably offer you a link to that before the  
3 conference is over, maybe even this evening.

4 Now, June and I have mulled over what  
5 we think needs to be done. And June is going  
6 to start with her vision, this is the macro,  
7 her vision what have needs to be -- are you  
8 looking puzzled.

9 JUNE KAILES: Okay.

10 MS. JUILLET: We talked about this,  
11 June.

12 JUNE KAILES: Okay. Edwina can I tell  
13 the story first about the Marcy story about  
14 the women left in her home.

15 MS. JUILLET: Oh, yes.

16 JUNE KAILES: One.

17 MS. JUILLET: That's awful.

18 JUNE KAILES: Well, I think it's  
19 telling though. One of our colleagues got  
20 into the Katrina response mode and activity  
21 in a very sobering way and I think is story  
22 is worth telling. She got a phone call from  
23 another colleague that said my sister-in-law  
24 is in New Orleans, she is a quadriplegic.  
25 She is home waiting to be picked up by the

1           Paratransit system to be evacuated to the  
2           super dome. But she hasn't been picked up  
3           yet. Will you help.

4                     So, our friend Marcy said sure. And  
5           she proceeded to be on the phone, what she  
6           thought was a fairly simple request all day  
7           long trying to get the woman assistance in  
8           getting out of her home and evacuating. She  
9           had made plans, she had done her planning  
10          ahead of time in terms of arranging to be  
11          picked up by the Paratransit system to be  
12          evacuated. But they did not show up. So,  
13          Marcy was on the phone back and forth between  
14          the woman, I think her name was Katrina.

15                    MS. JUILLET: Yes, unfortunately.

16                    JUNE KAILES: And the jurisdictional  
17          services were in New Orleans all day long.  
18          Mars east last contact with Katrina was on  
19          the phone with the woman telling her that I  
20          am here and the water is starting to rush in  
21          help me and that was the last contact she  
22          had. And the woman was found later on  
23          floating in her home near her chair.

24                    So, that was very sobering story for  
25          all of us and certainly motivating in terms

1 of our continued involvement in making sure  
2 that that doesn't repeat itself again.

3 My vision for what we need to do at the  
4 state level is to appoint an individual that  
5 service at the highest level of government  
6 directly with the -- what term do you want me  
7 to use. In California we say the office of  
8 emergency services. But in Virginia we say  
9 what.

10 MS. JUILLET: Emergency management.

11 JUNE KAILES: Emergency management.

12 That an.

13 MS. JUILLET: The department of  
14 emergency management.

15 JUNE KAILES: That an individual with  
16 disability expertise who knows the services E  
17 service system and the network be part of the  
18 highest level of responsibility for that  
19 office and relate and report directly to the  
20 director and have the available resources,  
21 responsibility and authority to mobilize  
22 disability related networks and services  
23 wherever the response mode needs to happen in  
24 the state.

25 That way, we create from day one a

1 partnership that involves -- that includes  
2 both emergency management expertise, as well  
3 as the complexity of disability expertise.  
4 And my vision is that then that person  
5 knowing the network in the state and knowing  
6 the local communities can say okay Richmond,  
7 the person we have designated to be at your  
8 command center during an event is John Doe or  
9 John Smith. He is our disability expert and  
10 we will work with him and he can help you  
11 mobilize the disability networks in this  
12 community for partnership with you in the  
13 response and evacuation mode. so that's my  
14 vision.

15 Now, I know in these days of cost  
16 cutting modes, this may or may not be  
17 realistic. But, I think even in a non full  
18 FTE, a non full time person we can do  
19 something that models this is and resembles  
20 this so that we have that partnership of  
21 expertise. Because, I think through training  
22 we can again impart a great deal of  
23 disability literacy and competency within the  
24 emergency management system.

25 But, I think what we learned from

1           Katrina, 9/11 and 30 years of other  
2           experiences is that that will never be  
3           enough. That we have to have a partnership.

4                   MS. JUILLET: Well, I can't possibly  
5           disagree with that. I agree with it  
6           wholeheartedly. In my years as healthcare  
7           risk manager, because that far my  
8           professionals until I retired three or four  
9           years ago, because doing the things that are  
10          really important to me as far as disability  
11          and codes and standards and evacuation and  
12          emergency management, there wasn't a great  
13          revenue producer. So fortunately the  
14          hospitals I worked with supported this  
15          advocacy that I've been involved with since  
16          1978.

17                   Now, I'm a very impatient person. And  
18          so I'm going to give you my model of what we  
19          need to do. I have the same vision that June  
20          has, how can one not have that, it's ideal.  
21          When I think in terms of disaster management  
22          and I'm putting together a drill whether it  
23          be local or regional, well, I used to do  
24          that, I don't do it anymore, but I think of  
25          who are the parties that I must have at the

1           table when I'm doing that first planning.  
2           And we many of you, that has to be the  
3           person, you know, the fire chief, maybe the  
4           public ed person, one of the VOADs. Well,  
5           it's like Mennonite disaster relief and  
6           Red Cross, is that, yeah, Red Cross is a  
7           VOAD. But having the people within the  
8           community at the table, I wouldn't have some  
9           of those people at the beginning, but just  
10          myself responsible for the hospital and  
11          police and fire and all the first responders  
12          and so on, a person who represents each one  
13          of those so there's one identified person  
14          when we get to the command, incident command  
15          system. But I think we need to add to that  
16          that disability expert. And it's somebody  
17          who has that broad knowledge of disabilities.  
18          Now, this means hiring someone. I believe  
19          that being the impatient person that I am,  
20          that we have so many resources right now that  
21          you have available to you that you can begin  
22          now to reach out to people such as in rehab.  
23          Who are -- who are the people who are  
24          immediately identifiable in anybody's town or  
25          county or state.

1 NEW SPEAKER: What about independent  
2 living center.

3 MS. JUILLET: Great. Thank you.  
4 Actually I'm going to keep this away from  
5 June because we are now transitioning into  
6 having you ask questions. Do we have a half  
7 an hour. Who is our timer. We have a half  
8 an hour.

9 NEW SPEAKER: Yes.

10 MS. JUILLET: Okay thank you. Because  
11 at this point our understanding of the  
12 workshop is that we will -- we keep your  
13 attention with this part of the lecture part  
14 of the session, but most importantly is that  
15 some of have you some really great examples  
16 that you may want to share or I'm sure you  
17 have questions. And as this individual and I  
18 believe I have met her and I'm terrible at  
19 names.

20 NEW SPEAKER: My name is Kathi Wolfe  
21 and I'm not supposed to be putting my two  
22 cents in I'm writing about this for the  
23 New Jersey developmental disabilities  
24 magazine. I just couldn't resist opening my  
25 mouth.

1 MS. JUILLET: No, we want to you open  
2 your mouth.

3 JUNE KAILES: Cathy, there's a mic.  
4 coming your way.

5 NEW SPEAKER: I don't have anything  
6 more to say. But I thank you.

7 MS. JUILLET: I doubt it. Cathy, it's  
8 nice to see you. I saw you at one of your  
9 big meetings.

10 All right. So it's hard for me to see  
11 body language up here because you are kind of  
12 far away. And is that going to.

13 How do we handle this loop.

14 MS. SIMMONS: We will repeat.

15 MS. JUILLET: Thank you.

16 MS. SIMMONS: I will come up here and  
17 repeat the questions.

18 MS. JUILLET: No, it's all right. We  
19 can do it.

20 MS. JUILLET: Yes.

21 NEW SPEAKER: Right here. Hang on one  
22 second. Technical difficulty.

23 MS. JUILLET: Oh.

24 MS. JUILLET: By the way the reason we  
25 didn't ask you to identify what your

1           disciplines are is that Suzanne did that for  
2           us before. She told us who you were.

3           MS. SIMMONS: Generally.

4           NEW SPEAKER: My name is Linda more I'm  
5           a proud parent of a 20 year old who has  
6           autism.

7           He has been working for about 6 months  
8           on trying to do exactly what you all are here  
9           for which is to arrange an event for national  
10          youth service day. In April, the problem  
11          that we are finding is that the people that  
12          we contact, the groups, almost repeatedly the  
13          contact person changes from one week to  
14          another because of over -- you know.

15          MS. JUILLET: Suzanne. Go ahead,  
16          please.

17          NEW SPEAKER: So, my question is if you  
18          have this wonderful list that's updated with  
19          the contact people, could you please share it  
20          with my son who is trying to get this event  
21          off the ground, because we would really love  
22          to have it because we are trying to, you  
23          know, get the word out because it's a needed  
24          service, especially in the population of  
25          developmental disabilities in the Richmond

1 Metropolitan area. We don't know where to  
2 take our children with autism if a disaster  
3 was to strike. We have already seen what  
4 Katrina has done to our population. We are  
5 definitely even though we are not hearing  
6 impaired, we are communication disordered  
7 people who don't know what to do with our --  
8 when our loved ones get separated.

9 MS. JUILLET: Can those of you who need  
10 this loop, are you reading the CART?

11 So, is there -- it's okay, all right.

12 So, your question is dealing with the  
13 disability -- people with disabilities, the  
14 individual and where can they get information  
15 within their community, your community and  
16 I'm going to ask Suzanne to address that.

17 MS. SIMMONS: I was afraid of that.  
18 And I wasn't listening to the whole question,  
19 but I think I have the gist of it. Who do we  
20 go to, who can we work with consistently,  
21 correct. That is what this is about. It  
22 varies from community to community. There  
23 are at the state level you have your  
24 disability boards, I would go to department  
25 of social service has rehabilitative services

1           and the commissioner will be speaking later  
2           today.

3                   There are many places to go. Another  
4           thing, and I just don't want to -- would be  
5           your -- we are trying to set up sit I  
6           couldn't Corp counsel CILs, local boards that  
7           involve all of the players at the table. And  
8           so that hopefully in the next few years, we  
9           will have everybody sitting at the table and  
10          be able to address these issues in a  
11          consistent manner.

12                   But, there's probably somebody that  
13          would be better able to answer this than  
14          myself, Edwina. Is there somebody in the  
15          audience who would like to.

16                   MS. JUILLET: Could I address the.

17                   THE VIDEOGRAPHER: Personally. Are you  
18          going to be here on Thursday.

19                   NEW SPEAKER: Me.

20                   MS. JUILLET: Yes.

21                   NEW SPEAKER: I just found out about  
22          this on Friday afternoon, only because my son  
23          is putting this program together on his  
24          website and somebody says connected and sent  
25          him a link and I got the information. So I'm

1           only here by accident, which is concerning to  
2           me.

3                   MS. JUILLET:   Good.   Well.

4                   NEW SPEAKER:   God's grace, I guess.

5                   MS. JUILLET:   I think you should come  
6           up as soon as this session is over in the  
7           next break we have and we will get you hooked  
8           in with somebody.

9                   NEW SPEAKER:   Thank you.   God bless  
10          you.

11                   NEW SPEAKER:   Hi.   For those of you, if  
12          you don't know me, my name is Nick S A K O R  
13          A, I work in manage for the state of Arkansas  
14          and on the governors commission for people  
15          with disabilities.   That would be something  
16          that you may want to contact, I don't know if  
17          the Commonwealth of Virginia has a commission  
18          from the governor for.

19                   MS. SIMMONS:   We do.

20                   NEW SPEAKER:   That would be the  
21          organization to character.   They will be able  
22          to give you all of the different  
23          organizations lieutenant the state that can  
24          help.

25                   NEW SPEAKER:   Our problem is it wasn't

1           update enough. Me and my son made all the  
2           calls and it's not updated.

3                   NEW SPEAKER: We are going to pass the  
4           mic back and forth.

5                   NEW SPEAKER: The problem is we called  
6           probably 300 phone calls since September, and  
7           everyone, every time we call one, they say  
8           no, we are not the right person. So we feel  
9           like we are in terminal over drive because we  
10          have crossed out I mean I'm very -- I've put  
11          together the list and as of the list, I've  
12          crossed out probably 90 percent are no longer  
13          valid numbers for our state. And I'm not  
14          trashing on you, but it was pretty sad.

15                  MS. SIMMONS: So are you saying that  
16          directories are not updated and that does  
17          present a problem very often. I will go on  
18          record saying please give me a call directly  
19          to anybody in this room and I will try and  
20          hook you up with the right people. I would  
21          hope that our local representatives would do  
22          that for you, would get updated resources for  
23          you and connect you with the right people.  
24          And perhaps we have to work a little bit  
25          harder to get those resources out there.

1                   That's why we are getting together, I  
2                   think, I, too run into the same problems  
3                   trying to find lists that are updated. We  
4                   just recently had our board for disabilities  
5                   join our state citizen Corp council and we  
6                   have a special needs -- we don't call it  
7                   special needs, vulnerable populations work  
8                   group and we are hoping to do great things in  
9                   the future. There are many agencies that are  
10                  people within the agency that is I know  
11                  personally that want to get on top of this  
12                  issue.

13                 So, give me a call, I will give you my  
14                 number right now if it's in the in our  
15                 handout it's (804)897-6518 and if you are in  
16                 Virginia, I will do everything I can to have  
17                 our office connect you with the right people  
18                 in your locality because I do know that a lot  
19                 of times the resources are outdated.

20                 JUNE KAILES: I want to just add that a  
21                 lesson learned here is that we as people with  
22                 disabilities and advocates often for people  
23                 with disabilities, we need to continue to  
24                 have advocate that this get on our advocacy  
25                 radar screen that our own advocacy groups

1           often choose to forget about this. The shelf  
2           life that I will talk about later as we all  
3           know of disasters is not long. And those of  
4           us who care about the issues are constantly  
5           moving this from the basement up to the top  
6           floor in terms of the agenda issues. And  
7           it's a never ending advocacy activity that we  
8           need to keep pursuing, because people are  
9           human and they prefer to not have to think  
10          about this all the time.

11                 MS. JUILLET: Some of us seem to get a  
12           kick out of it. Any other questions. If  
13           this mother with her child has autism gets  
14           this taken care of then our life has been.

15                 NEW SPEAKER: Well, I feel that what  
16           she is saying is true. But it's not only her  
17           situation, but the situation that happened in  
18           Mississippi and with the lady that was left  
19           in the house, having somebody up in upper  
20           management that's fine to keep the  
21           information fresh and keep the fact that the  
22           disability awareness need to be addressed.  
23           But I think more information need to filter  
24           down to the communities, more training, an  
25           awareness. Who best nose what's going on in

1           your community than the people that live  
2           there. We are looking for people in the  
3           government to travel from wherever they are  
4           at to come to the area where you are to help  
5           you, that's good, but if you have a situation  
6           like Katrina, they can't get there. So the  
7           only people that have you to rely on is your  
8           immediate area. So if you have each  
9           individual, those that's willing to in a  
10          community trained and prepared for whatever  
11          is about to happen, situations won't be as  
12          far as advanced as it got to that. I mean  
13          that, woman would have never been left in the  
14          house by herself if somebody in the  
15          neighborhood was aware that she was there, if  
16          somebody in the neighborhood was able to hear  
17          the fact that they was having an evacuation,  
18          it would have been somebody in the  
19          neighborhood trained to do this, to make sure  
20          that everybody in the neighborhood who has a  
21          disability, they would be the one that would  
22          be first served, because it would be somebody  
23          in their immediate area with that  
24          information, to take them wherever it is they  
25          need to go, they would have that information.

1           The network that need to be set up throughout  
2           the communities. That's -- I'm not taking  
3           anything away from upper management and all  
4           of that.

5                   MS. JUILLET: You have the message.

6                   NEW SPEAKER: But the information that  
7           they have, the information that they get, the  
8           minute they get it somebody in the  
9           neighborhood should know about it. So I  
10          think this broad scale is fine, but it need  
11          to be broken down, because once it get to the  
12          broad scale, by the time it gets to the  
13          community, it's loss. And what the young man  
14          is doing is fine, I would like to see that  
15          happen in all the schools. That should be a  
16          program implement in all the schools. That  
17          should be a program implement with the  
18          teachers, to go along with one of the  
19          training sessions. We have the opportunity  
20          to get the information out through any avenue  
21          that we have, and we see things is happening,  
22          we are experiencing storms and stuff that we  
23          have never seen before, and natural  
24          occurrence sincere happening on a regular  
25          now.

1 MS. JUILLET: Someone grab this woman  
2 and harness her.

3 JUNE KAILES: Well said.

4 MS. JUILLET: We need her. That's  
5 perfect.

6 JUNE KAILES: In the next workshop we  
7 are going to talk about the down and the  
8 dirty and the local level and what needs to  
9 happen locally.

10 NEW SPEAKER: Well, I apologize for.

11 JUNE KAILES: Because it happens  
12 locally.

13 NEW SPEAKER: I apologize for burning  
14 the mic, but this is passionate to me.

15 MS. JUILLET: Do not apologize. You  
16 said all the right things.

17 NEW SPEAKER: You know, it hurt to hear  
18 that that woman waiting for somebody to come  
19 to help her when she had a neighborhood of  
20 people there to help her. You know, that --  
21 that really doesn't make any sense when you  
22 are with the neighborhood and you are left in  
23 your home. We know our neighbors. We should  
24 be responsible not only for ourselves, but  
25 for our neighbors.

1 MS. JUILLET: Thank you so much.

2 Miss Wolfe, who had nothing more to  
3 say, but we knew better, didn't we.

4 NEW SPEAKER: I can be quiet for one  
5 minute. I think you and June maybe  
6 addressing these questions later, one  
7 question is I was curious is when you folks  
8 did the SNAKE team assessment, how shelters  
9 does in terms of serving folks with  
10 intellectual disabilities and my second  
11 question is when you folks I think June and I  
12 think you, too, Edwina were talking about,  
13 you know, how healthcare providers and people  
14 who work in shelters have a lot of the myths  
15 and stereotypes about us, I'm legally blind  
16 myself, that everybody has and you are  
17 talking about the need to form for our  
18 communities and disability community to form  
19 partnerships with folks and the first  
20 responders who do emergency management.

21 But, I guess my question is how do  
22 we -- how do we get those folks in the first  
23 responder community to see that they should  
24 be forming a partnership with us, and if you  
25 could answer this question, we would all be

1 rich and having this conference in a yacht,  
2 how do we work to breakdown the stereotypes  
3 that people have about us.

4 And I guess the third part of this  
5 question would be how do we get those of us  
6 in the disability community to kind of say,  
7 hey, we need to be talking to emergency  
8 people because I think on our side we may  
9 have some stereotypes or hang ups about  
10 talking to those folks.

11 MS. JUILLET: June is just quivering  
12 over here, but I've got the microphone first.

13 Miss Wolfe, the answer to your first  
14 question which is dealing with people with  
15 cognizance active disabilities, not very  
16 well. So, in fact, June may contradict this,  
17 but I don't remember seeing much of anything  
18 being done, except one church based  
19 organization, faith based organization in  
20 Mississippi had a summer Camp for children  
21 with special needs, cognitive disabilities.  
22 Well, they were children and adults with  
23 cognitive disabilities. And that Camp and  
24 the people who ran that Camp opened a  
25 shelter. So that was one instance, but that

1           was just a very special population of  
2           counselors and professionals in their field  
3           that also wanted to take care of their own  
4           population, but also opened their camp area  
5           as a general shelter as well.

6                     So, that's one example of -- the only  
7           one I know of where that population was being  
8           taken care of.

9                     And then I wanted to say one thing,  
10          which I think June will, I think I know what  
11          she is going to talk about, but I just want  
12          to tell you about a couple of groups of  
13          people we are working with in Kansas and  
14          New Mexico, actually, they cover a broad  
15          group, but one in Kansas is nobody left  
16          behind. It's a research project at Kansas  
17          university in Lawrence, Kansas. And the  
18          other one is New Mexico, and I think that's  
19          the governors committee on people with  
20          disabilities & the conclusion that we came to  
21          on this emergency management thing is that we  
22          recognize the fact that disability affinity  
23          organizations, disability affinity advocacy  
24          groups don't all work well together, like any  
25          affinity groups, everybody in the

1 organization with their own special interests  
2 thinks that that's the most important,  
3 because it's for them.

4 We thought that may be, again, this is  
5 a vision, that the disability community as a  
6 whole, all those organizations could all rise  
7 up, I know you are going to like this one  
8 over here lady in the red shirt. All going  
9 to rise up and have one voice and say to the  
10 first responder community, hey, we have this  
11 need and you are not going to ignore us. We  
12 are a population that needs to be served and  
13 you are going to help us.

14 That's our vision on that. But now to  
15 the practical.

16 JUNE KAILES: Cathy, the answer of your  
17 question from my perspective, just like the  
18 community looks at disability through medical  
19 ice, I think that the -- in partnering with  
20 the disability community in shelters, she we  
21 look at shelters E shelter residents or  
22 whatever we are calling them, guests or  
23 whatever, when we look at them through  
24 independent living ice, we are often through  
25 our own experience able to identify people

1 with developmental, with cognitive, with  
2 learning and understanding disabilities, more  
3 of the hidden disabilities and assist. Well,  
4 to an intake process where we ask the right  
5 questions, as well as through our own trained  
6 eyes. I think the other part of the answer  
7 is continued cross training on the part of  
8 both the disability community training the  
9 emergency management community and the  
10 emergency management community training the  
11 disability community in terms of the  
12 hierarchy, how things work, who does what,  
13 and who does what in the community. I think  
14 that has to be an ongoing effort.

15 And I will talk about that more in  
16 terms of the role of community based groups  
17 after our break.

18 MS. JUILLET: Cathy, the two names at  
19 Kansas it's Dr. Glen white he's the principal  
20 investigator and the person in New Mexico is  
21 Tony CA H I LL.

22 NEW SPEAKER: My name is Susan  
23 Angermeyer and I work with a faith based  
24 nonprofit organization called we care  
25 America. And presently my mind is going

1 crazy here with opportunities because I know  
2 that there must be a way that we can partner.

3 What we have a grant from senior Corp  
4 and what it is to do the purpose of the  
5 mission is to educate and to mobilize senior  
6 citizens along the 95 core I door in the area  
7 of emergency preparedness. Through this we  
8 go and we have spoken to lots of churches who  
9 are anxious to become shelters or comfort  
10 centers.

11 Number two, as we go and speak to any  
12 group of seniors that we can get an audience,  
13 regarding helping them with the Red Cross  
14 information about putting together go packs  
15 and sheltering in place, we have run into  
16 repeatedly people with quote unquote  
17 disabilities, that want to get involved  
18 because we are trying to make a compelling  
19 enough presentation that the seniors will  
20 want to get involved. And I have just come  
21 back I guess it was two weeks ago in  
22 Washington to a conference on disabilities  
23 and breaking down the stereotypes and talking  
24 with them trying to figure out weighs, again,  
25 that we can partner. And so we work with the

1 first responders and we are also recruiting  
2 volunteers and we had the disabled that are  
3 saying please help us to get involved in the  
4 community. And so I need to find out, I just  
5 am believing that there's a partnership  
6 hereof where perhaps we can provide some  
7 lists, you know, of volunteers that are  
8 interested in doing these kind of things and  
9 then working with the first responders to get  
10 training. I'm just asking for help. I'm  
11 just seeing an opportunity here because I'm  
12 dealing with a lot of people that want to get  
13 involved, and I would like some help in doing  
14 that.

15 MS. JUILLET: Suzanne, do you want to  
16 say something.

17 MS. SIMMONS: High Susan.

18 NEW SPEAKER: Hi.

19 MS. SIMMONS: As you know I think there  
20 are a lot of communities that do want to get  
21 involved in a lot of agencies and I am hoping  
22 that out of this we develop some of those  
23 partnerships. And We Care America, the grant  
24 that they have, they are working with a lot  
25 our local citizen Corp counsel, the local

1           voluntary organizations active in disaster  
2           groups are also involve. I believe in  
3           Fairfax there's been a large partnership  
4           going on. It looks very promising, but as  
5           you know there are lots of groups that want  
6           to join in. I think that's something that we  
7           will work very -- I know that's something  
8           this we will work every closely on this  
9           coming year. Other than that, I -- once  
10          again, my number is out there and I would  
11          love to take a list and we have -- I see  
12          folks here today from Department of Social  
13          Services from the health department, I know  
14          there are boards in each agency, and  
15          volunteer efforts going on at the local level  
16          that would love to partner. I know there are  
17          quite a few first responders here from places  
18          like Chesapeake and I know I'm going to leave  
19          out other areas, we have some university  
20          folks here from George Mason university. The  
21          people are here to partner with, the people,  
22          there are people here that are ready to join  
23          hands and get this done. I think as I said  
24          earlier, that this last year has been a real  
25          awakening, we have been awakened for a while,

1 but I think we are kind of been dozing. We  
2 were awakened after 9/11, and we have learned  
3 a lot of lessons, but I think the  
4 partnerships are there. That's what I'm  
5 trying to say Susan, and we will compile, we  
6 will take the notes from this meeting, I want  
7 to say that everything from this will be on  
8 line or we are trying to get everything  
9 online. We will also makeup some CDs of the  
10 material, the handout that we have missed,  
11 but we will try connect people. If I'm  
12 writing down frantically these questions  
13 because if things come out of this such as  
14 getting partnership lists together, we can  
15 definitely do that and we can get that out  
16 there.

17 JUNE KAILES: Susan, an idea that I had  
18 is for people with disabilities who want to  
19 get involved, I would start by asking them,  
20 well, their own preparedness. And would they  
21 be willing to partner to train other people  
22 with disabilities about how to become  
23 prepared. Because there are issues and I  
24 will start to cover it in the other two  
25 presentations, that go a little deeper and

1           are a little different that some of the  
2           typical preparedness information that  
3           everybody gets. There is some customized  
4           kind of prepare necessary that people with  
5           disabilities need to consider that goes kind  
6           of above and beyond the Red Cross supply kits  
7           or the Red Cross family plans, that I think  
8           in your partnership with people can  
9           disabilities, they can make a real  
10          contribution in terms of the specific  
11          necessary of that kind of training E for  
12          example, the woman we talked about in New  
13          Orleans, you know one of the issues that was  
14          talked about in the audience is the need to  
15          have a support team. So, you are not relying  
16          on one person to help you. You've got a  
17          whole group of neighbors or people out there  
18          who will check on you to make sure that what  
19          indeed happened never happens again.

20                 And that's kind of I think a specific  
21          kind of disability related training that has  
22          to go deeper than some of the other  
23          preparedness training that we are used to  
24          teaching.

25                 MS. JUILLET: Do you have any other

1 questions.

2 JUNE KAILES: Suzanne, I wanted to just  
3 add one thing.

4 MS. JUILLET: Me, too.

5 MS. SIMMONS: Please.

6 JUNE KAILES: Just to set the stage  
7 here. I would like us to back up for a  
8 second and hopefully recognize that when we  
9 refer to people with disabilities, we often  
10 have kind of a knee jerk vision of wheelchair  
11 user or a cane user or a crutch user. And I  
12 just want to put out there that the  
13 population we are talking about today just to  
14 probably restate what you all know, but I  
15 think it's very important to restate it is  
16 this involves a very, very broad community  
17 who will never identify as having a  
18 disability. But we will say things, well, I  
19 just can't hear that well or I just can't  
20 walk that far or I guess tired fast.

21 Basically we are talking about your  
22 grandmother, your grandfather, your aunts,  
23 your uncles, nieces, nephews, your children,  
24 your spouses, your parents. This is a very  
25 broad group. And PO ST an event,

1           particularly the scales that we are seeing  
2           these days, the number of people with  
3           disabilities multiplies tremendously quickly  
4           because as a result of the event.

5           So, this is a very, every, very big,  
6           broad population. This is not the  
7           unfortunate few, quote unquote. And I just  
8           probably am stating the obvious, but I think  
9           it's important to state. So here.

10           NEW SPEAKER: One comment if I could  
11           make it. If this is on.

12           NEW SPEAKER: Okay. One comment I have  
13           is when I was me and my son were researching  
14           all of the information out there, that most  
15           of the information is not in a format which  
16           people with disabilities can process. I  
17           have, thank God, had the time to take a part  
18           two of the manuals and we have already with  
19           the help of a special education teacher and a  
20           team, we have modified some of it into  
21           pictures, so that the individual with a  
22           processing form could actually understand by  
23           looking at the pictures what we were trying  
24           to get the point across. And that's  
25           available on -- we have put it onto a disk,

1           so it's available if somebody wants it to try  
2           to help somebody, some family especially with  
3           cognitive challenges around communication  
4           disorders like autism.

5           JUNE KAILES: Can you make that  
6           available on line so that everybody can  
7           benefit.

8           NEW SPEAKER: Yes, it is all right on  
9           my sons website.

10          JUNE KAILES: Which is.

11          NEW SPEAKER: Which is hold on a  
12          minute.

13          MS. JUILLET: While you are looking,  
14          June and I work with a group and it's the  
15          fire educators, Oklahoma university and the  
16          National Fire Protection Association and a  
17          member of our group works with a large group  
18          of cognitively impaired -- developmentally  
19          delayed, I'm sorry, I was given new  
20          terminology and her clients and she mainly  
21          the clients, put together fire safety tips  
22          for these individuals. And I regret to say I  
23          can't give you a website or resource, but  
24          because Suzanne Simmons has promised that she  
25          will be updating the information you get from

1           this, her name is Casey and she's in  
2           California it's fire safety or children and  
3           adults who are developmentally delayed.

4           NEW SPEAKER: I have the website here  
5           it's [www.gapkids.cjb.net](http://www.gapkids.cjb.net).

6           MS. SIMMONS: Is gap kids all one word?

7           NEW SPEAKER: [Www.gapkids.cjb.net](http://Www.gapkids.cjb.net).

8           NEW SPEAKER: It has all about his  
9           event plus all the link sites.

10          JUNE KAILES: That lower case or upper  
11          case?

12          NEW SPEAKER: All lower case.

13          MS. SIMMONS: I'm going to repeat it  
14          one more time. [www.gapkids.cjb.net](http://www.gapkids.cjb.net).

15          MS. SIMMONS: If there's no more  
16          questions we will go ahead and take you are  
17          Blake.

18          MS. JUILLET: I do want to say one last  
19          thing.

20          MS. SIMMONS: Yes.

21          MS. JUILLET: And that is we that have  
22          done, I as part of my profession doing  
23          disaster management as a healthcare risk  
24          manager and those who do to know a day-to-day  
25          basis we always are going back and looking at

1 lessons learned. And the current director or  
2 the past director of EPI at NOD likes to look  
3 at it, in fact she gets a little excite when  
4 people don't do it, and that is why can't we  
5 have lessons applied.

6 MS. SIMMONS: Can we take a break I  
7 just want to mention that I was talking about  
8 we had a lot of changes that morning that's  
9 why we were running a little bit late when we  
10 start. Those of you who are waiting to here  
11 Karin for now, I know some of you are coming  
12 in and out of the conference. Karin hasn't  
13 ran hasn't was supposed to be here in  
14 Chicago. Not literally held up. Her plain  
15 being not get out of Chicago last evening, so  
16 she had to spent the evening there, so we  
17 have moving Cheryl Heppner and Lisa I just  
18 said Hamlin. Lisa and Cheryl will take the  
19 1:15 spot after lunch today. So I just  
20 wanted to tell everybody that Karin will be  
21 replacing them tomorrow on your agenda. So  
22 if you switch those two around if you are  
23 going in and out.

24 So, we will see you back in 15 minutes.

25 Thank you

1

2

(Short break taken)

3

4

5

6

7

8

MS. SIMMONS: If everyone would like to  
come back in, we will get started. And I  
want to thank Edwina again. And I think you  
will see her throughout the next day and a  
half.

9

10

11

And, June Kailes is our next presenter  
and I was looking for her biography here,  
and.

12

13

14

15

16

JUNE KAILES: It's too long.

MS. SIMMONS: June says it's too long,  
so I won't do it but June will give the next  
presentation on plan now or suffer and muddle  
through later.

17

18

19

20

JUNE KAILES: Okay. You getting all  
tanked up with caffeine and water and snacks.

Is the assistive listening device  
working?

21

22

23

24

25

Don't know yet. Okay.

I'm going to talk about the role of  
community organizations in this whole  
disaster response and recovery and  
preparedness and mitigation activities.

1                   So, the slide up here says plan now or  
2                   suffer and muddle through later.

3                   The role of the disability community  
4                   based organizations in disaster planning,  
5                   preparedness, response, recovery, and  
6                   mitigation activities.

7                   How many of you were involve in the  
8                   Katrina response. I see about three, four  
9                   hands, five. How many of you represent a  
10                  community based organization.

11                  Scene your hands up, I see probably  
12                  about 15, 20 hands.

13                  Good, I'm talking to you so you are in  
14                  the right place.

15                  All right.

16                  This is my -- you have got the slides.  
17                  You've got some of the slides, you've got the  
18                  most important slides. You know I never do  
19                  anything the same way twice, so I'm always  
20                  changing my slides, but you've got most of  
21                  them but not all of them.

22                  So, you've got my contact information  
23                  here. And today I always have to remind  
24                  myself who I represent on what day. So, I'm  
25                  representing the center for disability issues

1           and the health professions where I'm the  
2           associate director at Western University  
3           health sciences. And that's in PO MO NA  
4           California and I'm from Los Angeles  
5           California.

6                     And the center works to enhance the  
7           health of people with disability through  
8           public policy and consulting and training and  
9           research and all kinds of dissemination  
10          activities.

11                    And I included a few slides for to you  
12          just so you know what some of the priorities  
13          of the center is. But I won't review them  
14          today.

15                    So, the center works with a whole lot  
16          of different organizations, and I brought to  
17          the center the disaster preparedness focus as  
18          well. And so I've done a lot of work over  
19          the years, both nationally and  
20          internationally in this area. Long before it  
21          was actually very common or popular for  
22          people with disabilities to care at all about  
23          these issues.

24                    And people often ask me well how did  
25          you get involved in this stuff any ways. And

1 I tell the story that when I was a kid, I had  
2 this really strange fascination with all of  
3 the disaster flicks, all of the movies, I  
4 just couldn't get enough of Volcano, the Last  
5 Voyage, the towering inferno. And even more  
6 recently Earthquake and Titanic and even last  
7 night, well, just last night, Category Seven,  
8 now that was a God awful made for TV movie,  
9 but I had to watch it because it was one more  
10 disaster movie.

11 So, I thought what is this sick  
12 interest all about. And I finally figured  
13 out after I moved to California that my  
14 underlying interest and question was could  
15 people with disabilities survive these  
16 catastrophic events?

17 That's when I realized was my  
18 underlying question.

19 So, I tell.

20 Some of my friends think that my real  
21 interest in all of this is from an underlying  
22 fear of being buried alive by the  
23 archeological lay he understand of clutter on  
24 my desk. They are very convinced that that's  
25 the real reason I'm involved.

1                   So, but I like to think it's a  
2                   combination of all of these, plus the fact  
3                   that I live in California. And that is a  
4                   very active disaster lab. California until  
5                   this year, has more disasters than any other  
6                   state in the country. And many of us watched  
7                   the event unfold in the gulf States thought  
8                   you would be watching us first. We thought  
9                   that was us and you would be watching us.  
10                  And probably not about if, but about when it  
11                  happens in California.

12                 So, anyway, we always say that besides  
13                 California being the most posted or prone  
14                 state in the country, there are only three  
15                 things that we have to worry about in  
16                 California and they are earth, air, fire and  
17                 water. Other than that, we are fine.

18                 Now, until I moved to California to  
19                 New York in a long time ago, and people kept  
20                 saying did you feel that, did you feel that,  
21                 I would go, feel what. And they would say  
22                 the earthquake, and I would say no. And that  
23                 went on for a year or two. And finally I  
24                 realized that, you know, the reason I didn't  
25                 feel it was I thought it was my body jerking

1 me around because of the nature of my  
2 disability. I have CP, cerebral palsy, and  
3 that affects my coordination and my balance  
4 and sometimes I have these kind of unplanned  
5 movements, so I always thought it was me.

6 But, one night I was in bed and I  
7 actually felt something, and I said oh,  
8 that's what it feels like. I finally got it  
9 E so, any ways, the report that we just spoke  
10 about, Edwina and I is available on this  
11 website NOD dot org. And as you heard, it  
12 reinforces many of the lessons learned over  
13 the last 30 years when it comes to responding  
14 to disasters and disability issues. And in  
15 April of this year, this was published called  
16 saving lives, by the national council on  
17 incident and I was the lucky one who got to  
18 research this and draft it.

19 And the lesson for me was it, too, kind  
20 E kind of cat logged the lessons and actually  
21 predicted them before Katrina.

22 So, a lot of this information is not  
23 new and the lessons for our community  
24 organizations is that if we are not part of  
25 the solution, we are part of the problem.

1           And unfortunately magical thinking that we  
2           will be taking care of persists, even after  
3           the horrific event we have experienced over  
4           the last year.

5                   And I say hopefully because I know all  
6           too well that the shelf life of these events,  
7           and you all know this, is very, very short.  
8           I have seen it in Japan, I've seen it in  
9           turkey and I've recently seen it in this  
10          country a lot.

11                   On your slides there's some other  
12          publications, disaster related that I've  
13          done, and I will refer to this guide later  
14          it's part of your handouts, emergency  
15          evacuation preparedness for people with  
16          disabilities and activity limitations. And  
17          this is a good guide that's also particularly  
18          helpful for the workplace. It's available to  
19          you, you are welcome to download it, print it  
20          and widely disseminate it. That's why it's  
21          on the net. And it's available in all kinds  
22          of formats, except I need help from the woman  
23          in the back who brought this up, for people  
24          with learning and understanding issues, this  
25          still needs to be converted into a simpler

1 format. And I would welcome assistance with  
2 that, it's not my skill.

3 This is a favorite picture of mine I  
4 discovered while suffering on the net during  
5 the Katrina period. I think is this is a  
6 helicopter or airplane that depicts a lot of  
7 people with developmental disabilities being  
8 evacuated. The fellow on the ground I read  
9 was -- is a diabetic who had not had any  
10 medication in days, insulin and, it's  
11 interesting that there's a scooter user  
12 behind him on this aircraft.

13 So what I want to cover today are not  
14 so much the myths of disaster response,  
15 because I think you all are more up on that,  
16 but to talk about the role of community based  
17 organizations and hopefully and have a  
18 discussion about that with you as well.

19 I like to say that the intended  
20 outcomes hopefully is to recognize that for  
21 community based organizations, and not you  
22 emergency management types that deal with  
23 this day in and day out, but for community  
24 based groups, emergency preparedness is a  
25 lifestyle choice, not a time limited project,

1           which is often seen as being.

2           Which it is often seen as being.

3           That emergency literacy and competency  
4           needs to be developed and woven into the  
5           culture practice, policies and advocacy of  
6           community based organizations.

7           It's really.

8           If we are going to make a dent and a  
9           difference in how our country responds and  
10          includes us in emergency practices.

11          So, I'm here to cultivate your thinking  
12          in terms of what community based  
13          organizations can do that is different from  
14          what you have been doing in the past.

15          Can you all hear me okay?

16          NEW SPEAKER: Okay.

17          JUNE KAILES: Is the assistive  
18          listening device working okay.

19          NEW SPEAKER: Yes.

20          JUNE KAILES: Okay.

21          Again, magical thinking that the  
22          government will take care, will take care of  
23          all of this is pervasive. And what is well  
24          recognized is that community organizations,  
25          whether they like it or not, whether they

1 plan for it or not, will play significant  
2 roles in emergency response and recovery.  
3 That's a lesson learned over and over again,  
4 but as Edwina said it's not a lesson that's  
5 been applied.

6 Why?

7 Well, you all know that disaster  
8 response does take place locally and that  
9 emergency organizations have scant knowledge  
10 and resources to provide all the needed  
11 services.

12 I like to show this slide because it  
13 kind of illustrates how not to transfer  
14 people with activity limitations. I can only  
15 math how that feels to this poor woman.

16 So, although the government and the  
17 state and the local jurisdiction play major  
18 roles in emergency management, they don't  
19 have all the resources needed to help the  
20 populations we are talking about of seniors  
21 and people with other activity limitations,  
22 that there's a lack of understanding about  
23 accommodations, but the communication issues,  
24 about transportation issues, and other  
25 issues.

1                   And if we hadn't work as community base  
2                   the organizations to raise the awareness of  
3                   community people ahead of time it's certainly  
4                   the worse time to do it in the midst of an  
5                   emergency. And we certainly have learned  
6                   that over and over again.

7                   This is just a slide of folks lying on  
8                   a shelter floor in stretchers. I think this  
9                   is at the airport, the makeshift medical  
10                  needs shelter in New Orleans.

11                  So for people with disabilities for  
12                  community organizations, their expertise is  
13                  that they provide support networks, they have  
14                  got a unique expertise in delivery service,  
15                  they know and can protect the specific  
16                  interest of the groups that they assist, and  
17                  they now how to Outreach effectively to  
18                  people because their records are current,  
19                  they have got connections into the community.

20                  Think know how to do it well and right.  
21                  I love this slide. This is a slide of pets,  
22                  animals being evacuated, I thought it was  
23                  rather unique, this is a community based  
24                  organization focused on animals.

25                  And got them out of harms way. I love

1           this slide.

2                   Again, this group knew how to deal with  
3           pets.

4                   Community groups have current records  
5           and they are accessible to the population  
6           that they serve in terms of physical and  
7           communication and program access. They can  
8           also sometimes serve as satellite  
9           distribution sites to provide alternatives  
10          for some individuals to traditional kinds of  
11          shelter kinds of experiences.

12                   So, in terms of the work, community  
13          based organizations are like businesses, they  
14          have budgets, they have commitments, and they  
15          have contracts. So they always ask me, well,  
16          if we are going to get involved in disaster  
17          work, how we going to make time and where is  
18          the money going to come from.

19                   So, I always have to get that out of  
20          the way first. And I think we all have to  
21          recognize that this takes time, it takes  
22          effort and it takes resources and it takes  
23          money.

24                   And there are traditional funding  
25          sources to which we can go. FEMA, hopefully,

1           maybe soon to be reconstructed in their  
2           position and their funding.

3                   There is the office of domestic  
4           preparedness, they have grants. There's a  
5           number of different government, federal,  
6           state and local groups that fund disability  
7           related groups and, then there's emergency  
8           management department that sometimes have  
9           grant funds that are available.

10                   And then there's non-traditional  
11           funding sources as well.

12                   So one of the things we talked about  
13           earlier this morning is the importance of  
14           cross training, that emergency managers  
15           understand their responsibility to  
16           accommodate people the population that is we  
17           have spoken of and to recognize as well the  
18           value and the talent of the community  
19           organizations in disaster activities and to  
20           include them at the table, at the planning  
21           table in planning.

22                   And I always like to remind pep that we  
23           need to change business as usual from a lot  
24           about us without us to nothing about us  
25           without us.

1           If we are not at the table, then we are  
2           really tokens and we are not involved. And  
3           people with disabilities with the community,  
4           from organizations know best what the needs  
5           are and how to begin to meet them.

6           So, the message is to integrate the  
7           skills and knowledge into the planning and  
8           into the strategies. To recruit these  
9           organizations and encourage them to  
10          participate, to provide funding and incentive  
11          so they can participate.

12          Skip that.

13          Over the years I've heard a lot of  
14          stories from the trenches of community based  
15          groups and I think it's important to review a  
16          few of them because they are instructive in  
17          terms of why people have not always been at  
18          the table.

19          This is just a slide that reminds me  
20          that disability community during the Katrina,  
21          Rita events, really organized very, very  
22          quickly. One of the lessons learned for me  
23          was the absolute need and role of the  
24          infrastructure of the internet in terms of  
25          the organized response that we were able to

1 provide.

2 This was just one of several list  
3 service that were formed immediately that  
4 helped people get the response where it was  
5 needed in terms of the disability community.

6 But, on 9/11, the independent living  
7 center in New York City, they were simply not  
8 prepared to handle a disaster. Particularly  
9 a disaster of that magnitude. The director  
10 said, you know, I think we are on the right  
11 track with everything we have been doing, but  
12 we needed to be much further along. They  
13 said that, you know, they have been  
14 approached to be at the table, but they  
15 really didn't have good relationships with  
16 the big players. And they realized that it  
17 was their responsibility to really play a  
18 part in terms of educating and planning with  
19 these key agencies. So the issue was like  
20 everybody, you know, they were overworked,  
21 they had all kinds of other priorities, so  
22 even though they were invite to participate  
23 in various kinds of emergency preparedness  
24 meetings in the day to day reality of their  
25 priorities and what they needed to do, these

1 meetings did not get to the top of the list.

2 And I think that's very common  
3 experience for all of us. Now, today, that's  
4 no longer the case. They are at the table,  
5 they have learned a lesson of a lifetime  
6 being in the middle of Manhattan.

7 So like it or not, we will be involved  
8 as community organizations and we do have to  
9 have relationships with emergency management  
10 agencies ahead of time to understand who does  
11 what and to also understand what we do.

12 But it's important to recognize and  
13 talk through what are the barriers? Why  
14 haven't they been there in the past?

15 One is they are reluctant to take on  
16 added responsibilities. They have got limit  
17 budgets and often they are not eligible for  
18 reimbursement from federal disaster funds.  
19 So often we find that they need to respond to  
20 deplete their own budgets and sometimes  
21 actually use money that they are contracted  
22 to do other things with.

23 So, the solution is that I feel and  
24 this is kind of an editorial comment that the  
25 traditional funders of community groups need

1           to augment contracts with funding disaster  
2           activities so that disaster planning becomes  
3           part of the culture and part of the  
4           contractual arrangement that funders insist  
5           on.

6                        So that community organizations begin  
7           to network with each other and build  
8           relationships with each other to coordinate  
9           response efforts.

10                      And, of course, cross training with  
11           emergency people, which we have already  
12           spoken about. And also I think one resource  
13           that we also need to think about very  
14           carefully is what is the content of cert, you  
15           know, community response contract. What kind  
16           of certificate contract is insert into that  
17           training. We need to have a role in  
18           re-examining, looking at cert curriculums to  
19           make sure that this kind of content is a part  
20           of that training as well.

21                      Our community organizations also play  
22           very key roles in developing the family and  
23           the individuals preparedness and mitigation  
24           plan. And we condition forget that.

25                      As well as since these organizations

1           are indeed part of most local responses,  
2           whether they like it or not, they need to  
3           include it and practice their own table top  
4           exercises and drills. And like you all in  
5           the big drills, actually there are several  
6           going on in California right now that I'm  
7           missing, they need to be evaluated in writing  
8           and the plans need to be revised and updated  
9           based on the outcomes of these drills. So,  
10          it's a lot of work, but The payoff is huge.

11                 Community groups need to have pre  
12                 established contracts, just like emergency  
13                 organizations do, in terms of being able to  
14                 access some funds immediately so that they  
15                 can quickly deploy the kind of relief and  
16                 services that they do best.

17                 This public warning slide is just I was  
18                 going to go over this in detail, but Cheryl  
19                 and Lisa I think you are going to cover this  
20                 very well this afternoon, so since the  
21                 experts are here, I will leave this to you  
22                 instead of doing it the way I usually do it.

23                 But, know that I always do cover it  
24                 when you are not here, so...

25                 One of the add Cassie issues.

1                   Advocacy issues that we in the  
2                   disability community and hopefully in  
3                   partnership with the emergency management  
4                   people is that there is a need to develop  
5                   greater safety standards, for the devices  
6                   that we use to evacuate non elevator or  
7                   elevator buildings.

8                   There are issues around fire safe  
9                   elevators and when and how they can be used  
10                  during evacuations, there are issues about  
11                  marking skids that they can be utilized by  
12                  people who don't see, low level lighting,  
13                  directional sound evacuation alarms. There's  
14                  a whole lot of new technology out that can  
15                  help people with limitation to exit more  
16                  effectively. I like this. This is the new  
17                  what they call the new photo luminescence  
18                  necessary enter signs that are being a new  
19                  standards. Have any of you seen this. Has  
20                  anyone seen this.

21                  NEW SPEAKER: I've seen it in the  
22                  planning stage.

23                  JUNE KAILES: Has anyone seen it  
24                  installed? No.

25                  NEW SPEAKER: They said that it was

1           install at the world trade center and that it  
2           helped a lot of people get out of the world  
3           trade center.

4           NEW SPEAKER:   It is.

5           JUNE KAILES:   Really, it is.   Good.  
6           Good.

7           Any ways, there are devices on the  
8           market, they are for helping people who can't  
9           negotiate steps and there are many more  
10          people than wheelchair users can't negotiate  
11          stair wells, so we need to remember that.

12          But, there are devices out there.   But  
13          they do need a greater consumer level of  
14          testing and evaluation.

15          So, that we don't have this kind of  
16          primitive thing in terms of evacuating.

17          Let me back up here.   Hopefully we  
18          don't see evacuations happening this way.

19          This is the lawn chairman coming down  
20          in his helium balloons and the other side of  
21          the slide is an old fashion fire escape of a  
22          many story building.

23          So, one of the things we need to do is  
24          with all the technology that we live with in  
25          this country, it's fairly primitive the way

1           we need to evacuate buildings. The way we  
2           need to evacuate at all, I don't think we  
3           have this down real well yet. This is grid  
4           lock on a Houston freeway, I think. We just  
5           don't have our evacuations down yet, we have  
6           being creative about it, but we just don't  
7           really have it together here. This is a  
8           wheelchair user and his wheelchair and a.

9                     On a raft that's being kind of steered  
10           by somebody walking through about three feet  
11           of water.

12                    So, government funders of community  
13           organizations need to integrate disaster work  
14           preparedness into the funding contracts  
15           through sustained financial incentives that  
16           encourage organizations to become involved.

17                    And we need to create as advocates  
18           guidance materials for emergency management  
19           agencies on how to integrate access  
20           priorities into their grant making process at  
21           the state level, at the local level and at  
22           the federal level.

23                    How do we do that ?

24                    We need to make sure that these things  
25           get integrate into the proposal selection

1 criteria so that there are specific  
2 indicators that detail how applicants with  
3 deal with communication, evacuation,  
4 transports and physical access and how they  
5 will form partnerships with first responders,  
6 emergency planners and people with disability  
7 and activity limitation to ensure accurate  
8 training, not about us, but with us,  
9 information that is usable and real, that we  
10 help to develop.

11 And that qualified people with  
12 disabilities are appointed to emergency  
13 planning committees as advisers, trainers,  
14 consultants, contractors and project staff.

15 Now, one of the big problems in a lot  
16 of the planning groups is that if people are  
17 not part of the disability and aging  
18 community, a very common reaction is the  
19 person in charge of appointing somebody to a  
20 planning committee will say oh, I will just  
21 get my neighbor, they are a wheelchair user,  
22 or they are deaf, without really thinking  
23 about the kind of qualifications needed for  
24 this person to sit on this planning group and  
25 that they need to represent more than just

1           their own needs.

2                   And I've got a handout for you about  
3           how you include qualified people. And I  
4           think we will probably hand that out  
5           tomorrow.

6                   So, we can also play a role in helping  
7           to integrate and update specific training  
8           content into emergency management  
9           preparedness content.

10                   In terms of we talked about  
11           preparedness materials and people with  
12           disabilities. The kinds of preparedness  
13           materials out there, particularly provided by  
14           the Red Cross, they are excellent materials,  
15           but they are not always equally applicable  
16           for people with disabilities.

17                   Now, in your handouts, there is a --  
18           the Red Cross disaster guy for people with  
19           disabilities, now, unfortunately I will tell  
20           that you that guide is old and unfortunately  
21           kind of outdated. And that several us in the  
22           room spent two days with the Red Cross  
23           updating that guide. But unfortunately, like  
24           man he things, that's sitting on a back  
25           burner somewhere. So one of the things you

1           can advocate for is national Red Cross to get  
2           that thing off the back burner and into our  
3           hands soon.

4                   So, in California, you know that we  
5           always, I hear the issue of duck and cover,  
6           duck and cover. Well, a lot of people can't  
7           duck and cover. So, again, there is a need  
8           for more customized material for some groups  
9           of people.

10                   Sometimes the information given is  
11           vague, incomplete, impractical and naive, and  
12           the language used is, you can always tell  
13           when preparedness material for people with  
14           disabilities is written by and from the user  
15           perspective, or if it's written by somebody  
16           without a disability. A person can usually  
17           always tell by the language used and  
18           sometimes it's a bit couldn't da sending and  
19           kind of perpetuates some of the negative  
20           stereotypes. And at around disable. And I  
21           will give you an example. One example is  
22           this is kind of an editorial comment here,  
23           but, this is a slide called special needs

24  
25                   (the slide is coughing)

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JUNE KAILES: This person is gagging on the terms. And the reason I put this here is that this term is very commonly used to refer to us. And it's emergency responder shortcut language to describe disability and aging populations, it's very confusing, and it's very unclear.

What we found in our SNAKE project that Edwina talked about and many other projects is that when we interview people, they are really unclear and unsure about who is actually included in the term. So, many responders thought that the deaf in addition of who was included was quite narrow, they would only talk about wheelchair users or some would only talk about deaf people. So, I think it's often important to segment and think about the diverse groups and segments that get overlooked so we just use this very shortcut language. We forget about people that don't identify that have limitations and what about people with cognitive disabilities, intellectual disabilities, people with a variety of visual, hearing,

1 mobility and emotional disabilities.

2 So, you know, my long playing banner is  
3 we shouldn't use the term, but it seems like  
4 it's a losing battle.

5 So the kind of information that  
6 sometimes you see for people with  
7 disabilities is vague and incomplete. Like  
8 this one, show friends how to operate your  
9 wheelchair so they can move you if necessary.  
10 Make sure your friends know the size of your  
11 wheelchair in case it has to be transported.

12 Well, what about a motor riced chair,  
13 that about heavy chairs, what if people can't  
14 easily transfer out of their chair? A lot of  
15 this is kind of not very complete  
16 information.

17 And then this is our all time favorite  
18 and comes from a FEMA publication. It says  
19 if you are confined to a wheelchair, great  
20 language, most people are not confined to a  
21 wheelchair, consider mounting a small  
22 personal use fire extinguisher in an  
23 accessible place on your wheelchair and  
24 become familiar with its use.

25 Does that make sense?

1                   Then, if you cannot stop, drop and role  
2                   during a fire, you should pull, aim, squeeze  
3                   and sweep.

4                   Now, this is the kind of that go is  
5                   written by somebody without a disability.  
6                   It's got to be, you would think.

7                   So, let me make this more graphic for  
8                   you. Here's what it would look like. This  
9                   is a wheelchair user it's a wheelchair user  
10                  with a huge fire extinguisher changed to the  
11                  back of his wheelchair with a hard hat on  
12                  with a flasher, just in case you miss him  
13                  coming down the road.

14                 The other thing about information is  
15                 it's got to be available in formats that  
16                 people can use. Accessible formats. Whether  
17                 it's brail, large print, electronic or audio.

18                 And the other thing we have to  
19                 remember, too, is that there are many people  
20                 in the population that is we are talking  
21                 about that never relate to a disability  
22                 related or aging organization. So this kind  
23                 of material needs to be available in the  
24                 general public and where all of these  
25                 materials get distributed.

1                   So, I always like to recommend that in  
2                   all emergency planning materials, there is  
3                   some integrate information about the  
4                   populations we are talking about in the  
5                   general materials, but that these general  
6                   materials inform the reader about how to  
7                   access the more customized materials.

8                   And when these TIERS are not available  
9                   and a lot of them really are available, they  
10                  should be create, but they should be create  
11                  by users, by people who are qualified and  
12                  understand the disability issues in terms of  
13                  hearing and vision and mobility and speech  
14                  and cognition.

15                 So, the materials, like the guide I  
16                 mentioned before, they need to be specific.  
17                 They need to have enough detail so that they  
18                 are not vanilla, so that they are not so  
19                 vague and broad that they don't say anything.  
20                 And if they have a cross-disability focus  
21                 because disability is a very diverse  
22                 community and population with many different  
23                 kinds of limitations.

24                 So, it's important that they have a  
25                 cross-disability focus.

1                   And also it needs to have a focus not  
2                   about what people can do for us, what about  
3                   what we can do for ourselves. It has to be  
4                   easy to get and again it needs to be in  
5                   alternate formalities.

6                   So, to sum it up I think the messages  
7                   are emergency management people who need to  
8                   learn more about accommodating the  
9                   populations we have discussed today. People  
10                  with limitations and disabilities need to be  
11                  included in the planning. There needs to be  
12                  more funding incentives so that organizations  
13                  can participate in disaster activities. We  
14                  need to integrate into emergency management  
15                  proposal selection criteria disability  
16                  specific indicators. Public warnings need to  
17                  be accessible, you will hear more about that  
18                  this afternoon.

19                 There needs to be disabilities specific  
20                 preparedness information that's also referred  
21                 to in the general preparedness information.  
22                 And we need to think about the long term  
23                 projects of improving evacuation devices.

24                 So, it's your turn, it's discussion  
25                 time and hopefully we have a lot of time for

1           you to challenge me, disagree with me, or  
2           just ask me questions. Whatever.

3                   So, let's hear from you. Comments?

4                   NEW SPEAKER: My name is Brenda MI K E  
5           NS and I'm with the state long-term care  
6           advisement program and we are in the process  
7           of working with our local ombudsman in  
8           assisting the nursing facilities and the  
9           assistive living facilities with their  
10          emergency plans. so if there are any nursing  
11          facilities or assistive living facilities or  
12          if there are any other ombudsman programs  
13          represented today I would like to talk with  
14          you.

15                   Okay. Do you want to see some hands.  
16          Would that help you. Who else represents  
17          some of those communities. Let's see hands.  
18          Well, you've got some up here. Why don't you  
19          stand up so people can see who you are and  
20          they will come up to you later and identify  
21          themselves. Whoever, okay. And tell us your  
22          name again.

23                   NEW SPEAKER: Brenda MI K E NS.

24                   JUNE KAILES: Brenda MI K E NS, thanks.

25                   NEW SPEAKER: We condition really

1 disagree with you on that because everything  
2 you said is really what we -- what some of  
3 the issues that's being addressed now. So  
4 it's really nothing that you said that's  
5 against anything you said. Our problem now  
6 is I think most of all is funding. How do  
7 we -- and I said the nongovernmental sense,  
8 what will be the first step of us  
9 implementing some of those things, like you  
10 said, a fluorescent trail, that leads to you  
11 the exit, the sound effects in case there's a  
12 fire for a person who is visually impaired.  
13 The light effects for those who are hearing  
14 impaired. You know. The different things  
15 that we know that's out there, but a lot of  
16 the places is dealing with the funding.

17 So, what would be the easiest, maybe  
18 easy is the wrong word, but the quickest way  
19 to address those things without it just being  
20 put on the back burner. You know, who do you  
21 go to for those kind of assistance.

22 JUNE KAILES: Good question. Let's  
23 divide up that question into two pieces.  
24 First is what about the issue of community  
25 organizations being able to access some of

1           this emergency funding to do some of what we  
2           talked about. Is that realistic. Is that  
3           doable?

4           NEW SPEAKER: I would think. so I just  
5           need to know who I need to go talk to.

6           JUNE KAILES: Well, anyone in the  
7           audience that represents any of the funding  
8           sources that could take a risk and address  
9           the realistic necessary of this or how this  
10          could happen E.

11          NEW SPEAKER: I don't really have a  
12          solution, but I think we are from the  
13          emergency management office in Alexandria and  
14          what we find is that there's a lot of people  
15          making decisions and there may be a lot of  
16          this in the works, but they forget to trickle  
17          it down to the people who are actually out  
18          there putting these programs into place.  
19          That's a little bit of a frustration. I  
20          don't know how to change that, but I'm just  
21          saying I think there's a lot being done, I  
22          think there's a lot of good intent in the  
23          right places, but I don't think there are  
24          good methods of disseminating the information  
25          on where we are on certain things.

1 JUNE KAILES: Yes.

2 NEW SPEAKER: I also think that  
3 sometimes we feel like our office feels  
4 that we are not doing enough and we are not  
5 doing it very well, so, therefore if we bring  
6 it up, it won't seem like enough, so we don't  
7 talk about it. Does that make sense.

8 JUNE KAILES: Just to add to what you  
9 said, there's, you know, the whole slowing an  
10 out of site, out of mind. I think it speaks  
11 to one people needing to be at the table. So  
12 that when the local jurisdictions apply for  
13 state money, that this gets integrated as a  
14 priority in what they ask for. And also at  
15 the state level, when the states apply for  
16 money from DHS, department of home land  
17 security that this also gets integrate into  
18 what they ask for.

19 And, again, it's really representing it  
20 at the table, both by people with  
21 disabilities, those organizations and by the  
22 rest of you who say, now how are we going to  
23 include this broad population, too, in this  
24 particular project. What are we going to do?

25 In terms of the technology, there are

1           some projects looking at evacuation devices,  
2           looking at communication issues that Cheryl  
3           will talk about in terms of some of the  
4           research going on and training. But there's  
5           not enough. There's little pockets of things  
6           that are happening. Does anyone know of any  
7           good models out there, things that are  
8           working, working well, or working, just  
9           working?

10                   That's depressing. Oh, you've got to  
11           make me feel better about this.

12                   NEW SPEAKER: I don't think it means  
13           that they are not working, it's just that we  
14           don't know about it. I think we have to just  
15           hold other levels of emergency managers  
16           accountable to demand information or strongly  
17           request information.

18                   JUNE KAILES: Yes.

19                   NEW SPEAKER: I said I didn't think it  
20           was not happening, I just don't think that we  
21           don't know that it's happening and we need to  
22           take it on ourselves to keep it in the effort  
23           front and bug them and bug them about where  
24           we are or insist on being included in the  
25           planning or in the committees.

1 JUNE KAILES: Yes.

2 NEW SPEAKER: We have a person's with  
3 disabilities commission in our city, that's  
4 probably one good avenue because they have  
5 quite a voice, I don't know about other  
6 jurisdictions.

7 JUNE KAILES: Yeah. And just make sure  
8 it's on their radar screen.

9 Lisa, I think.

10 NEW SPEAKER: This brings to my mind  
11 the idea that perhaps we should also be  
12 thinking about partnering not just for  
13 emergencies, but for money to make this  
14 happen. In other words, emergency managers  
15 can talk to the government and say we need X  
16 amounts of dollars, but if they have -- if  
17 they can go to their legislators and say here  
18 are the people you are impact asking work  
19 together with legislators to make that budget  
20 issue happen, we can be effectively working  
21 together before anything happens.

22 NEW SPEAKER: And advertisement,  
23 because you see a lot of advertisement about  
24 your wheelchair, S CA DO O, they are always  
25 advertising on television if your insurance

1 don't cover it, they will make sure that you  
2 will get a wheelchair.

3 JUNE KAILES: Yeah right.

4 NEW SPEAKER: But you don't see any of  
5 the other devices advertised. You don't see  
6 the little warning lights or you don't see  
7 any of the other safety devices advertised.  
8 So maybe if they would create some kind of  
9 advertisement system or however they word  
10 that stuff that all of those other things may  
11 be then we will be able to know who  
12 manufacturers them and then you can maybe  
13 create a partnership with them.

14 JUNE KAILES: Yeah. You know, the two  
15 of us were actually talking in the women's  
16 room about the role of neighborhood watch in  
17 terms of their real significant role in terms  
18 of support teams for neighborhoods and for  
19 folks with disabilities. And some of these  
20 groups can access public service announcement  
21 time, which doesn't cost a lot to promote  
22 some of the ideas in terms of preparedness  
23 and including the diverse members of our  
24 community.

25 NEW SPEAKER: Question here and then

1 right over here.

2 NEW SPEAKER: There's a whole group of  
3 folks we are leaving out, for instance to the  
4 insurance companies best interest to have  
5 things like that in buildings. And it's also  
6 can be worked into the county and city zoning  
7 ordinances, especially on new buildings being  
8 built that those kinds of things be done and  
9 all have you to do is educate those people.  
10 Because it is to the insurance companies  
11 benefit if they can get people out of the  
12 buildings as opposed to paying claims.

13 JUNE KAILES: You know, that is an  
14 excellent addition. I've not thought about  
15 that angle. But I've thought a lot about the  
16 codes and getting is it into the codes, but  
17 the insurance companies I think are an  
18 unidentified partner for a lot of us in terms  
19 of decreasing claims, decreasing costs.  
20 Very, very interesting. Good. Thank you.

21 NEW SPEAKER: The problem is a lot of  
22 the ADA and all that far stuff is everybody  
23 is grandfathered in, so they don't want to  
24 spend the money to put the evacuation devices  
25 in.

1 MS. SIMMONS: June I'm sorry to  
2 interrupt, I don't want to interrupt the  
3 flow, but we have had someone call, they are  
4 looking for Bertran Lingus.

5 NEW SPEAKER: Right.

6 MS. SIMMONS: Thank you, my apologies.

7 JUNE KAILES: The ADA does say that,  
8 excuse my paraphrasing, but people need to be  
9 treated equally. So, that includes emergency  
10 preparation and evacuation. And even though  
11 the ADA doesn't state there you have  
12 evacuation devices, you know, the intent in  
13 terms of an equally effective way to get out  
14 of a building is certainly there. And so it  
15 may not be spelled out, but the  
16 interpretations are pretty clear, not widely  
17 known and we need to advocate, but the intent  
18 of the law is there.

19 Does that address the.

20 NEW SPEAKER: I have two comments. One  
21 is about Outreach. And bills idea about  
22 using insurance company money, I'm sure  
23 there's plenty of money there to use, a  
24 modest investment would be in just brochures  
25 that I'm sure any pharmacy would be willing

1           to attach to the bag or any equipment company  
2           or company that delivers supplies to patients  
3           who are homebound. I come from a home care  
4           perspective on this. That will make people  
5           aware of the services that are available that  
6           perhaps we need to know that they are out  
7           there, a contact number so that they can help  
8           us put them on a roster.

9                     In terms of this lady and the community  
10          based organization, faith based, how do you  
11          get in line for the money. You know, and say  
12          we have another hurricane Isabelle here and  
13          FEMA has money to distribute, they just don't  
14          know who to distribute it to. Who is an  
15          organization that can be trusted with the  
16          money. And I know just from being in a local  
17          medical reserve Corp, just for the last six  
18          months that you have to become bona fide.  
19          You have to establish yourself as somebody  
20          who has minimum training standards and that  
21          so you kind of get in line for the money.  
22          And you don't necessarily need to be  
23          incorporate or anything like that, but I  
24          think if we can -- I envision that these  
25          community based organizations will have some

1 criteria set up where they can meet minimum  
2 standards and then they are on a list, the  
3 Baptist church or the Outreach group or the  
4 special disabilities interests people, so  
5 that they are already lined up and then we  
6 have some kind of resource list to work from.  
7 And it's like okay here is a good place to  
8 put the money. The money was there, the  
9 resources were there, they didn't know how to  
10 use them and how to direct them. And I think  
11 we need to plan ahead in that respect.

12 JUNE KAILES: Good. Yeah, I think you  
13 are thinking creatively. Certainly the  
14 insurance companies have a lot of funding,  
15 the bigger ones, available for community  
16 supports. But you mentioned or I heard from  
17 you, home health kinds of issues, and I've  
18 often thought that home health organizations  
19 need to practice applying emergency  
20 preparedness, too. And as they visit people,  
21 the people that they support, they need to  
22 begin to kind of triage people in terms of  
23 are these people, do they have enough  
24 supports around them to get assistance in  
25 time of evacuation or whatever. Or are these

1 people who are relatively isolate on their  
2 own and are going to need some external  
3 support systems put in place if their safely  
4 going to be able to evacuate. Like the woman  
5 we discussed earlier today.

6 NEW SPEAKER: I do want to respond to  
7 that. We do have our own triage system in  
8 terms of just the company. Joint commission  
9 standards require now, since I think since  
10 2004, that we home care companies and  
11 probably all healthcare organizations, who  
12 are accredits are linked in with emergency  
13 response in the community. The barrier  
14 currently is that the infrastructure is not  
15 in place in the community to participate  
16 with. And now that I'm on the inside  
17 somewhat, I realize that home healthcare is  
18 going to be one of the last ones drawn in.  
19 Here in the Richmond area. I am not sure  
20 that the hospitals are even addressed things  
21 like surge capacity and having beds. So we  
22 are in an infancy stage here in terms of  
23 interacting in the community and garnering  
24 resources to meet these needs. And  
25 developing memoranda of understanding and

1           that sort of thing. It's in its infancy.

2           JUNE KAILES: I think those are very  
3           sobering comments, but I do really urge you  
4           to nevertheless don't give up the triage with  
5           individual people you work with in terms of  
6           if they don't have a support system, to help  
7           them get one in place. Even if it's  
8           activating, if it exists their own  
9           neighborhood watch or even if it's with their  
10          permission, involving neighbors who will  
11          check on them and help them in times of an  
12          emergency. I think that's a doable role for  
13          you all now, as you kind of develop where the  
14          linkages are in the community in terms of the  
15          system, because that's the hard part. But I  
16          think the individual planning is something  
17          you all in the trenches can have a  
18          significant impact on in terms of the  
19          individuals ability to be supported if needed  
20          in an event.

21                 You okay with that one.

22           NEW SPEAKER: Actually we are doing  
23          that.

24           JUNE KAILES: Good.

25           NEW SPEAKER: Ma'am, I've got a couple

1           questions. Sorry, back here in the back.  
2           I'm with the CERT program in Chesapeake  
3           Virginia and, our CERT teams are going  
4           through the neighborhoods now, okay and,  
5           getting a list of all handicapped people or  
6           disabled people's people, people with special  
7           needs and we are running what the ambulances  
8           and the stuff on the special needs people,  
9           I've also got 10 senior citizens homes in my  
10          neighborhood, and I go up and talk to the  
11          administrators, and they say we have got our  
12          own stuff. They don't recognize the  
13          neighborhood watches or the CERT teams that's  
14          in the neighborhood. So, it's still a lot of  
15          education, a lot of stuff that's got to get  
16          out to people.

17                 JUNE KAILES: Who is they, when they  
18                 you say they, is it nursing home, assistive  
19                 living, who is they.

20                 NEW SPEAKER: Yes, the senior citizen  
21                 homes is the ones that's got or assisted  
22                 living. But they won't listen to the CERT  
23                 people.

24                 JUNE KAILES: A couple things. I don't  
25                 know about Virginia, but in the State of

1 California, those facilities have licensure  
2 obligations under the state in terms of their  
3 preparedness issues and the plans they have  
4 to have in place.

5 What I was referring to before in terms  
6 of CERT and neighborhood watch is identifying  
7 the people living in the non institutional  
8 settings that would need support. And there  
9 are people who will probably never identify  
10 or many won't, they won't identify with the  
11 word handicap, special needs, or disability.  
12 And they are more identified just in terms of  
13 word of mouth. You know, the plain old  
14 language like if anyone has trouble walking,  
15 seeing, hearing, getting around, walking half  
16 a block, whatever. Those are really the  
17 people that should be -- with their  
18 permission, you know, identified and assisted  
19 in creating their own supports. Because,  
20 again, the assisted living, the nursing  
21 homes, the group homes, they are obligate  
22 under state licensing regulations, I believe,  
23 to have their plans on place. Now, as we saw  
24 in Louisiana, it didn't always happen down  
25 there, but hopefully things are a bit

1 different up here.

2 NEW SPEAKER: I'm from Chesapeake  
3 myself and some of the problems we may have,  
4 I don't think it's what you say, it's how you  
5 say it. To the individual.

6 JUNE KAILES: Yeah. Like give us some  
7 examples.

8 NEW SPEAKER: Well, I think the way you  
9 approach them not indicating that they are  
10 handicapped or what problems you may or may  
11 not have, and let them tell you rather than  
12 you try to tell them.

13 JUNE KAILES: Yeah. Good. Good. I  
14 think the more simply stated and none  
15 stereotypical we can put it, the more we will  
16 get in terms of what people need.

17 NEW SPEAKER: I would just like to  
18 comment on the nursing home, assisted living  
19 home. I'm from James City County. We ran a  
20 meeting, we even through in a free lunch, we  
21 have 12 assisted living nursing hopes in our  
22 county and Lee hospital organizations. We  
23 wanted to find out how they were prepared as  
24 far as their emergency plans, they realized  
25 they were supposed to have them, but they are

1 not necessarily all in one piece E we wanted  
2 to know what we were in for emergency  
3 management wise, if anything happened, we ran  
4 into troubles during Isabelle and after  
5 Katrina, and the disaster down there. To  
6 make a long story short, opathy, three  
7 nursing homes out of the 12 showed up and one  
8 hospital. So, we really don't know what we  
9 are in for, and we assume that they think  
10 they are all ready to go. But why I don't  
11 believe that, you can just imagine.

12 JUNE KAILES: A comment from me. I may  
13 be way out of my league here because it's not  
14 something I know well, but having watched the  
15 TV, like everyone else during the Gulf States  
16 events, the question in my mind is the state  
17 licensure organization that is have to review  
18 certifications of these facilities, my  
19 question is how thoroughly are the plans  
20 actually reviewed, if at all. Is it a rubber  
21 stamp process? Is it just a question of  
22 saying yes, no, we have it, or do the  
23 licensure organizations really go in and look  
24 at the specificity of the actual response  
25 plan?

1                   It certainly came up for me watching  
2                   what went on in these past weeks and I don't  
3                   know if anybody in the room can answer that.

4                   NEW SPEAKER:   Yeah, I can respond to  
5                   that.

6                   NEW SPEAKER:  
7                   First of all require.

8                   JUNE KAILES:   Who is we.

9                   NEW SPEAKER:   The state Department of  
10                  Social Services.

11                  JUNE KAILES:   Okay.

12                  NEW SPEAKER:   In reference to assisted  
13                  living facilities. We do require that they  
14                  do have a plan in place and it has to be  
15                  reviewed every so often with staff, as well  
16                  as the residents. And it also has to be  
17                  reviewed by the local fire marshal. So, this  
18                  is something that we review often.

19                  JUNE KAILES:   Well, what would often  
20                  be.

21                  NEW SPEAKER:   Often could be three to  
22                  four times per year.

23                  JUNE KAILES:   Oh, the facility itself.

24                  NEW SPEAKER:   Yes. No, I'm talking  
25                  about the state inspectors.

1 JUNE KAILES: Oh, really.

2 NEW SPEAKER: They go into the  
3 facilities and they review the fire,  
4 disaster, any type of disaster plan that a  
5 fast facility may have. so it is required and  
6 it is inspected.

7 JUNE KAILES: Okay.

8 NEW SPEAKER: Periodically.

9 JUNE KAILES: So my question to you as  
10 a layperson who knows nothing about this  
11 is -- not much, do we need to relook at those  
12 plans given any new learning that's occurred  
13 in the last year, do we need to look at it in  
14 terms of the specificity, number one of the  
15 evacuation plans and, the MOUs in place to  
16 get people evacuated if need be.

17 NEW SPEAKER: Yes. I would say yes, it  
18 definitely need to be reviewed, not only by  
19 the fire marshal, but my family members. If  
20 you.

21 You have a right to ask what is your  
22 disaster plan in the event of a earthquake or  
23 in the event of a hurricane. All facilities  
24 and I'm talk talking about assisted living  
25 facility as well nursing home they should

1           have those plan in place and have it  
2           available for review from whoever want to  
3           review those plans.

4           JUNE KAILES:   So my next question for  
5           you, because I hope you don't mind my picking  
6           on you.

7           NEW SPEAKER:   I don't mind.

8           JUNE KAILES:   Is are these plans  
9           actually practiced, are there table top  
10          drills, are there announced drills, are there  
11          unannounced drills, what's the drill.

12          NEW SPEAKER:   No.

13          NEW SPEAKER:   No.

14          NEW SPEAKER:   Fire drills are practiced  
15          every month on all shifts.   It can be  
16          practiced alternative between the hours of 7  
17          to 3, 3 to 11, 11 to 7.   And me as aspects,  
18          we go in, we often sometimes review to make  
19          sure that these drills are conducted.

20          NEW SPEAKER:   We have got several  
21          questions on this side of the room.

22          JUNE KAILES:   Go for it.

23          NEW SPEAKER:   So, are the plans  
24          reviewed with the fire marshal, you said in  
25          terms of a fire disaster.

1 NEW SPEAKER: No.

2 NEW SPEAKER: Or is it in terms of  
3 disaster period.

4 NEW SPEAKER: Any type of disaster.

5 NEW SPEAKER: So the fire marshal  
6 knows, supposed to know all of the different  
7 aspects of disaster preparedness is that what  
8 you are saying.

9 NEW SPEAKER: Certainly he can provide  
10 consultation and review of those plans.

11 NEW SPEAKER: So, who then -- how is  
12 that system tied into emergency management,  
13 emergency preparedness.

14 NEW SPEAKER: Well, as far as emergency  
15 preparedness, we don't get involved with  
16 emergency preparedness department. However,  
17 we do suggest and recommend that facilities  
18 contact their local emergency planning.

19 NEW SPEAKER: But there's nothing in  
20 the certification or recertification process.

21 NEW SPEAKER: No, nothing.

22 NEW SPEAKER: That mandates that.

23 NEW SPEAKER: Exactly.

24 NEW SPEAKER: Thank you.

25 NEW SPEAKER: But, let me make it clear

1           that we do require that you do have a plan in  
2           place in order for you to have a plan, you  
3           would have to consult with the individual who  
4           has the skills and the expertise to bring  
5           input into your plan, and we do require that  
6           from the fire marshal, the local emergency  
7           planning departments, or whomever.

8                   NEW SPEAKER:   So that's the  
9           instructions that's given but, again, there's  
10          nothing that mandates that.

11                  NEW SPEAKER:   No.

12                  NEW SPEAKER:   Okay, thank you.

13                  NEW SPEAKER:   My name is Sam H EY W O  
14          OD of the Virginia Defense Force.   I have a  
15          question for the speaker.

16                  To your knowledge is it a criminal  
17          offense for a nursing home or an assisted  
18          living facility which have these rules in  
19          place for evacuation of the patients, is it  
20          against the rules, is it a criminal offense  
21          for them to fail to perform their duty to  
22          rescue these people in accordance with the  
23          plan that is already published and posted?

24                  NEW SPEAKER:   Go ahead.

25                  NEW SPEAKER:   Are you asking me?

1 JUNE KAILES: Yeah, that would be you.

2 NEW SPEAKER: You are asking me?

3 NEW SPEAKER: Yes.

4 NEW SPEAKER: Is it criminal negligence  
5 or some kind of chime they can be charged  
6 with for failing to perform their duties to  
7 rescue patients that are under their charge.

8 NEW SPEAKER: There are, yes. But, let  
9 me deal with it from our perspective.

10 NEW SPEAKER: When you are in  
11 violation, we have what you call a  
12 deficiency, just like the joint commission of  
13 accreditation. If you have in violation, you  
14 are written up and if you cannot meet those  
15 standards, one can be issued what we will  
16 call negative action. It can be a sanction,  
17 it could be the closing of the facility.  
18 That's from our department.

19 Now, I'm pretty sure there are other  
20 legal actions that can be taken, but from our  
21 perspective, we do issue violations after  
22 violation, we issue negative action, which  
23 can lead to sanction, the closing of the  
24 facility.

25 JUNE KAILES: I wanted to -- I want to

1 ask you how many of you have some family  
2 member or extended family member in one of  
3 these facilities. Maybe 10 or more. How  
4 many of you have actually asked to view their  
5 disaster plans. Woe. How many of you have  
6 been satisfied in terms of what you have  
7 seen. The hands are only two now.

8 A lot of them have looked at them but  
9 only two are satisfied with them.

10 NEW SPEAKER: I'm not satisfied.

11 JUNE KAILES: Okay.

12 NEW SPEAKER: Well, you know, I think  
13 that's probably a lesson learned here, that  
14 we as advocates for family members who live  
15 in these facilities can also play a role in  
16 asking some of these questions and also  
17 perhaps asking them of the state. Certifying  
18 agency, well, I looked at this plan, and you  
19 know, I am not -- I don't think they have an  
20 memorandum of understanding in terms of  
21 accessible transportation if the facility is  
22 in the path of, for example, a hurricane. I  
23 doesn't see any MOU in place or, you know.

24 NEW SPEAKER: I think we have a comment  
25 over here to help sum all of this up and then

1 we are going to move on to another question  
2 in the back.

3 JUNE KAILES: Great.

4 NEW SPEAKER: I'm familiar with the  
5 Department of Mental Health, mental  
6 retardation and substance abuse. As a part  
7 of regulations, you are supposed to have an  
8 emergency plan in place that is in  
9 consultation with someone in the community  
10 that is in the position to say whether you  
11 have a decent plan or not. Not only should  
12 there be a yearly training given to people  
13 that live within the community, excuse me,  
14 within that particular facility, but there  
15 should also be yearly training with also  
16 staff by yearly training, they say that this  
17 is to be a drill given. And I do know that  
18 when they do come in for your inspections,  
19 which can be announced or unannounced, they  
20 do check for those things. I am not here to  
21 say that it always happens the way it should,  
22 just as with every agency where you have a  
23 government involved, there is concerns to put  
24 it lightly, but you should know that there  
25 are some facilities out there that are

1           working to do it right. And there are some  
2           facilities out there who if you have a loved  
3           one in X, Y, Z place, they welcome your  
4           expertise and your comments to make us have a  
5           better plan. We are just not trying to take  
6           care of your loved ones, maybe we have five  
7           people in that house. We are trying to take  
8           care of awful them.

9           JUNE KAILES: Good.

10          NEW SPEAKER: Let me add this, that if  
11          you have a concern, if you visit a facility  
12          where your loved one is at, and you have a  
13          concern, you can surely call the state  
14          Department of Social Services licensing  
15          division and in the licensing division you  
16          can easily speak to one of the inspectors and  
17          they will do an investigation with regard to  
18          your concerns.

19          NEW SPEAKER: One more question back  
20          here.

21          NEW SPEAKER: I've got a question for  
22          you. I'm Leslie Little, and I'm a  
23          contractor, I've worked with the Federal  
24          Government and government agencies and also  
25          assisted living facilities and God knows who

1           else in several different languages  
2           throughout the nation.

3                   As you said, the assisted living,  
4           nursing homes are supposed to have a plan and  
5           they do have a plan. And that it can be  
6           reviewed by anyone. I would like to counter  
7           that with I've been sent to California twice,  
8           Wisconsin, Maryland, oh, I don't know, pick a  
9           number, less than 12, all over the country  
10          basically by residents of these assistant  
11          living facilities and these nursing homes and  
12          the family members, because the residents  
13          there, the clients, the patients, whatever  
14          you choose to call them, have no idea, have  
15          never seen, have never been taught, have  
16          never participated in, have never witnessed  
17          once in all the time they have lived there a  
18          disaster drill or a fire drill where they  
19          were participants. And this is all over the  
20          country and I've had to go there and I've had  
21          to start the disaster drill, start the fire  
22          drill. And I have been threatened with  
23          lawsuits when I've tried to read the  
24          emergency plan and the fire plan even though  
25          it is legally permitted for me to review it.

1 Thank you.

2 NEW SPEAKER: It certainly sounds like  
3 we have our work cutout for us June. Any  
4 other questions for June.

5 NEW SPEAKER: Just one for comment. As  
6 I said I'm with the state long-term care  
7 ombudsman program and we are in the process  
8 of reviewing emergency plans. In the  
9 facilities in Virginia. And those of you who  
10 say that you have relatives in those  
11 facilities, those of you who are we social  
12 services and those of you who have tried to I  
13 think the gentleman over at the table over  
14 there, you tried make contact with the  
15 nursing facilities and assisted living  
16 facilities in your area, please, talk to me,  
17 because we are trying to get this together,  
18 we are trying to put together make sure that  
19 the facilities in Virginia have plans that  
20 they are working plans, that they are being  
21 practiced, that the staff is being trained.  
22 We are trying to work on all of that. But as  
23 we said before, there need to be  
24 partnerships. So that's the phase that we  
25 are in right now. We are trying to create

1           some partnerships.

2           NEW SPEAKER: Don't forget the  
3           Chesapeake people.

4           MS. SIMMONS: I'm going to let June  
5           wrap up now. But I was going to say if you  
6           want me to set up a couple table at lunch for  
7           this discussion, we could -- you could maybe  
8           finish it up that way. We could have the  
9           healthcare table. So, back to you June.

10          JUNE KAILES: Well, my intent here was  
11          just to involve you in talking to each other.  
12          You know, I'm the foreigner I'm the  
13          Californian. You are all from Virginia. So  
14          you are doing exactly what I hoped you would  
15          do, which is talk to each other. I mean,  
16          that is where the rubber meets the road. Not  
17          the outsider, but you guys talking to each  
18          other, so carry on and thanks for letting me  
19          have this time.

20  
21          (Applause).

22          MS. SIMMONS: Thank you, June.

23          MS. SIMMONS: I'm serious about having  
24          the discussion continue at lunchtime.  
25          Because we are leaving for lunch now, lunch

1 as you leave the room, take a right and it's  
2 down the hall on your right. You have to go  
3 all the way down passed the conference down  
4 the hall and passed the entrance and it's in  
5 the glass room on the right across from  
6 Shula's restaurant. so we will meet back  
7 here. Lunch is served at noon and we will  
8 meet back here at 1:15. I also want to  
9 mention that across in the capital room,  
10 which is right in the same area across the  
11 hall from the lunch room are some exhibits.  
12 There's the Department of Aging exhibit in  
13 there now and the Virginia Department of  
14 Health exhibit. And I know that they have  
15 some material that is very applicable to our  
16 discussion today.

17 So, stop by and see the exhibits.

18 Thank you, again, June.

19 JUNE KAILES: Thank you.

20

21 (Lunch break taken)

22

23 MS. SIMMONS: Good afternoon everyone.

24 For those of you who maybe confused if you  
25 weren't here this morning, we are replacing

1 the speaker that was scheduled in this time  
2 spot which was Karin Frinell-Hanrahan with  
3 Cheryl and Lise. So this is the presentation  
4 on including people with hearing loss in  
5 emergency preparedness.

6 And I'm going to speak very quickly.  
7 Unfortunately we don't have the handouts, we  
8 had, as I said, nothing is good, but change.  
9 And we lost one of our members a little while  
10 ago to an allergic reaction, Anna had to  
11 leave quickly and she was working on getting  
12 the handout. She will be okay, but she just  
13 suffered something in the salad dress that go  
14 she had a reaction to. So we don't have the  
15 handout to this, but we will get them to you  
16 if not online, maybe tomorrow we will have  
17 them here. So if you have still here  
18 tomorrow, we should have those handouts.

19 So.

20 NEW SPEAKER: It's already in the  
21 packet.

22 NEW SPEAKER: It's in the book.

23 MS. SIMMONS: Okay. so we do have them.

24 NEW SPEAKER: They are on the left side  
25 in the back.

1                   Is somebody signing for Cheryl.

2                   MS. SIMMONS: No. we actually asked  
3 Cheryl, I think in discussions whether we  
4 should have someone here and I think it was  
5 decided no, but this isn't really well set  
6 up, you are correct, Edwina.

7                   She was concerned that someone wasn't  
8 signing for Cheryl.

9                   MS. JUILLET: She the questions come  
10 up.

11                  MS. SIMMONS: I'm going to repeat them  
12 to Cheryl. We had conferred with them ahead  
13 of time, he had weep a just to let you know  
14 that we weren't forgetting about her.

15                  So, with that, let me introduce Cheryl  
16 Heppner, who is the executive director of the  
17 Northern Virginia resource center for deaf  
18 and hard of hearing persons. And she has  
19 been the executive director for 15 years.  
20 She has been very strong in advocacy over the  
21 years and for the past two years has been the  
22 executive director for the deaf and hard of  
23 hearing consumer advocacy network.

24                  And I will let her explain more about  
25 her background to you when she begins to

1 speak. And I will also, on your left, on my  
2 right, would like to introduce Lise Hamlin  
3 and she's the regional emergency preparedness  
4 specialist for the center. And she's been an  
5 advocate for people with disability foreclose  
6 to 20 years and has been recognized  
7 nationally at two different times. And she  
8 joined the center this year as part of a D HS  
9 grant for working for emergency preparedness.

10 So, with that, I will hand it over to  
11 the two of you.

12 LISE HAMLIN: My first question is can  
13 everyone hear okay. If you condition hear,  
14 you cannot hear, raise your hand, then I  
15 will -- if I need to slow down, I lived in  
16 New York for a very long time so if I need to  
17 slow down let me know.

18 Thank I, we feel very honored to be  
19 here today. We are in the Northern Virginia  
20 resource center for deaf and hard of hearing  
21 persons.

22 And we are going to be talking  
23 specifically about people who are hard of  
24 hearing, deaf, deaf blind, and late deafened.  
25 It's a group we refer to in general as people

1 with hearing loss.

2 What we are going to be covering today  
3 is the DHS grant that we were just talking  
4 about that I have been working on recently in  
5 the last year we got a grant and that's the  
6 grant that allows us to work with emergency  
7 preparedness. I'm talking about funding  
8 earlier today, that's a big issue. And we  
9 were able to work specifically on emergency  
10 preparedness for deaf and hard of hearing  
11 because of that grant.

12 We are also going to be covering a  
13 little bit of the lessons learned through --  
14 starting with 9/11, through Hurricane Katrina  
15 when the interest became very high and we  
16 also had some involvement. Not only NOD, but  
17 we learned some of the same things that you  
18 heard today from Edwina and June about the  
19 SNAKE report, but we also had some direct  
20 contact with people down there who are deaf  
21 and hard of hearing.

22 We will talk about what it is to  
23 communicate with people who have a hearing  
24 loss. We will talk about emergency alerts  
25 just as we were promise this had morning and

1 we will talk about what we would put in a kit  
2 that's different from other people who have  
3 either other disabilities or people who are  
4 able bodied. And then we will talk a little  
5 bit about partnering as well.

6 Now, what did this grant that we were  
7 able to work on is called the CEPIN grant.  
8 Community emergency preparedness information  
9 network. And it's a mouthful, but what we  
10 are focusing on is providing information both  
11 to people who have a hearing loss and there  
12 are many people with hearing loss who would  
13 prefer to be rest exude. And so we are  
14 promoting the idea that you do not need --  
15 you need empower the group. You need to  
16 empower yourself. You need to take care of  
17 yourself.

18 But we are also finding there is a need  
19 to get information out to policy makers,  
20 first responders, emergency planners, about  
21 what this community needs and what -- how we  
22 can work together and partner and it's been  
23 actually when I first came onto this project,  
24 I had been used to working in New York City  
25 with hospitals who had been very resistant to

1           hearing my message. And I don't know what it  
2           is in Virginia, but I was having a hard time  
3           getting in the door. But I have been finding  
4           here in Virginia and region and, my region is  
5           from Maryland through Puerto Rico and the  
6           Virgin Islands, south of here, and I've been  
7           finding that the doors have been opened.  
8           That people are willing to listen to this  
9           message now more than I expected. I expect  
10          it to be much harder to talk to people. So I  
11          was very please today see emergency managers  
12          and people with disabilities. It's really an  
13          idea who is time has come.

14                 I'm sharing the floor with my boss so  
15          I'm going let Cheryl take over at this point  
16          who has more background on this issue.

17                 MS. CHERYL HEPPNER: I would like to  
18          make a quality control check first. Can  
19          people in the back hear me?

20                 Very good okay.

21                 I lost my hearing when I was -- shortly  
22          before my (something) birthday so every since  
23          then I haven't really got a good way to tell  
24          where my voice is projecting and people tell  
25          me that is it tends to get softer as time

1           guess on so I depend on all of you know  
2           matter where you if you see my voice start to  
3           fain or having problem, give me this little  
4           sign and tell me to raise it E thank you.

5                   Between the two of us, we have 9/11  
6           covered. Lise was in New York City and, I  
7           was around the Pentagon where many people who  
8           are deaf and hard of hearing were working, as  
9           well as many of my friends and neighbors.

10                   I originally in college, when I was  
11           still in denial about how serious my hearing  
12           loss was, thought that at one time I would be  
13           a journal list. And so I have a degree in  
14           journalism. And as 9/11 unfolded and things  
15           started to get very intense for us, I  
16           realized that somebody needed to be  
17           documenting all of this. Somebody needed to  
18           be writing down and saving these stories  
19           because they were so important in trying to  
20           make sure that the problems we experienced do  
21           not happen again.

22                   So, I started writing in on a small  
23           scale in my community, which is the whole  
24           Northern Virginia metro area gathering these  
25           stories. And at the center we were

1 immediately aware of those community  
2 organization that is were part of the  
3 recovery.

4 As life would have it one of our staff  
5 who provided persons who are deaf and also  
6 senior citizen was away from the office at a  
7 national conference held every two years for  
8 deaf senior citizens.

9 It was up in the mall of the Americans.  
10 And in any case, imagine if you can all of  
11 these deaf students citizens flying that that  
12 place with no way to communicate with anybody  
13 because they can't use a consequence  
14 everyone's Al telephone, they just don't have  
15 the normal things that you do.

16 And what happened was that my staff  
17 person was able to get access, she would call  
18 our center and have us check things for all  
19 the other deaf seniors there with the hearing  
20 staff and get back to her. So that's was how  
21 all testify started for me. At the same time  
22 I was very active in the coalition that Susan  
23 mentioned. The deaf and hard of hearing  
24 consumer advocacy network, it was 16 national  
25 nonprofit organizations operate by deaf and

1           hard of hearing persons who worked together  
2           and meet once every month in DV & at that  
3           time we were planning a national agenda for  
4           advocacy for the next year. Right around  
5           the.

6                     Around the time of 9/11 and we were  
7           there at the meeting talking about what we  
8           want to accomplish and it just hit me that we  
9           weren't going to be able to do most of this  
10          stuff because the whole nation it's mine set  
11          was turning to what just happened and how we  
12          needed to do more for home land security.  
13          And so what I was trying to do at a community  
14          level became a national project. And our  
15          coalition solicit stories from all over the  
16          country. I put together with what I had  
17          already collected and wrote a national  
18          report. With two major findings, the first  
19          was that current emergency communications  
20          systems for deaf and hard of hearing persons  
21          have had a failing grade. They just do not  
22          work.

23                     For emergency communication to be the  
24          top priority is pretty much common sense,  
25          because we know that we have got to know

1           there's an emergency. We have got to know  
2           how to protect yourselves and then we have  
3           got to know how to we access what you are  
4           doing during the recovery.

5                     There was a second finding, there were  
6           two priorities, the first one was for the  
7           emergency communication system. But the  
8           second one was the need for to us develop a  
9           partnership as we have all said together that  
10          there needs to be a way for us consumers and  
11          the whole emergency management community and  
12          everyone else involved to be talking with  
13          each other and working together because we  
14          cannot resolve things alone.

15                    The lessons that we have learned from  
16          Katrina recently was the importance, again,  
17          of emergency information already reinforcing  
18          what we wrote about. We found that visual  
19          information was not provided on local TV  
20          stations. In other words, there were no  
21          captions on the screen to tell people in  
22          those areas that that they were at risk and  
23          what they needed to do.

24                    We found that sometimes there were  
25          captions, but they were what we call

1 electronically captions, not captions in  
2 realtime, like what you see over here.

3 Well, very word.

4 Where every word that someone says is  
5 being put on that screen.

6 What was happening was only the pre  
7 recorded segments of the news, things that  
8 had actually been typed in the teleprompter,  
9 which were very minimal, there was no  
10 breaking news, no really important updates,  
11 those were missing.

12 We also found that when caps were on  
13 the television, they would block over text or  
14 other text would block them and that can be  
15 very confusing also for people who are visual  
16 impairment in addition to hearing loss  
17 because there's too much happening on the  
18 screen and they don't always know which  
19 information is important and which one should  
20 I be paying attention to.

21 One thing also we found interesting was  
22 that people who had cable told us they had  
23 much greater access to information than  
24 people who just got the news from programs by  
25 antenna, because the national news services

1 had extensive coverage of Katrina and what  
2 was going on all over the country. We found,  
3 too, that there was a story that came back to  
4 us about a couple in New Orleans who was deaf  
5 and they were aware of all these caps going  
6 across the screen telling them about Katrina,  
7 but because their English skills were not the  
8 best, they didn't really understand the  
9 importance of for them to evacuate. They  
10 really would have benefit more from having a  
11 sign language interpreter on screen when this  
12 information was broadcast.

13 We, too, found that many times during  
14 the disaster and in the aftermath there would  
15 be public officials on television and they  
16 did make arrangements a press conference with  
17 a sign language interpreter, but she they  
18 were telecast, they would cut the interpreter  
19 off the screen, you just see the public  
20 official.

21 LISE HAMLIN: We also found that we  
22 agreed, again, this slide comes from the  
23 SNAKE report. So, what was said there is  
24 word for word, it says the most underserved  
25 group were those who were deaf or hard of

1           hearing. And here are the statistics and you  
2           have heard some of this this morning, less  
3           than 30 percent of the shelters add ASL  
4           interpreters, 08 percent did not have TTYs,  
5           60 percent did not have TVs with captions  
6           capability and 44 percent did not have areas  
7           where oral announcements were posted. And  
8           for us the stories that we would hear back  
9           were stories of people who would get into  
10          shelters and there would be a public  
11          announcement for things like get in line now  
12          to get to sign up for FEMA. Get in line now  
13          for inoculations. There were all kinds of  
14          public announcements. Regardless of the kind  
15          of shelter, whether it was a huge shelter or  
16          one of the smaller ones, and part of the  
17          problem there was -- and I want to emphasize  
18          this was that people weren't identified,  
19          there was no thought to identification of  
20          somebody's needs. And I just have to echo  
21          what was said this morning, is that if you  
22          ask the right questions, you will get back  
23          the answers that you need on that.

24                 There was also -- we did hear stories  
25          not only of the announcements but of service

1 analysts who were denied access and this was  
2 just not for analysts such as Galaxy here,  
3 who you have seen today who provides  
4 assistance for Cheryl as a hearing dog or  
5 hearing companion. But we heard stories of  
6 people who were blind who had guide dogs who  
7 were separated from their dog. Which was --  
8 I mean, just outrageous in my mind that you  
9 would separate somebody and we did hear one  
10 good story of them being someone who had been  
11 separate who then found the dog later and had  
12 a reunion on tape, no less.

13 But, for all the good stories I've got  
14 to believe that there were many more stories  
15 that we did not hear that far kind of  
16 separation, which was totally unnecessary.

17 We know that people who are deaf and  
18 hard of hearing were lost in the system and  
19 by that I mean they did not get the  
20 information they needed, they didn't know how  
21 to get the information they needed, and  
22 didn't have the resources on their own to  
23 continue to find the information even later,  
24 because I got an e-mail the other day, again,  
25 just on the seventh, where a deaf man he

1           mailed me saying I don't know how to get  
2           access to the services FEMA in Mississippi.  
3           How can I do that.

4                       So, we know that people -- the other  
5           thing, when I say that, one of the things you  
6           need to know about people who are deaf and  
7           hard of hearing is that they rely on  
8           technology a lot. Things that are text  
9           based. Even someone who has poor English  
10          skills, knows that they can use a pager or  
11          there's something called a side kick. These  
12          are things that are commonly used in the  
13          community of people who are deaf and to some  
14          extent hard of hearing also, and that person  
15          was e-mailing me because he knew he could get  
16          ahold of someone, he knew we were a community  
17          that served people who were deaf so, that  
18          also goes, again, the reinforcing which we  
19          said this morning, the community based  
20          organizations are where people go to find out  
21          what they need when they don't know how to  
22          get services otherwise, or they don't know  
23          who the emergency manager is.

24                      Or they don't know or they call 911,  
25          but that's it. That's all they know.

1                   I want to make sure I'm still on my  
2                   part here.

3                   Mental health services. We know that  
4                   people from Gallaudet were -- let me back up.  
5                   There were people who were in Gallaudet who  
6                   were deaf themselves or who were fluent in  
7                   sign language who provide mental health  
8                   services. Now, mental health services for  
9                   people with hearing loss is a rare bird all  
10                  and of itself. You just can't find it every  
11                  often. So they said let's prepare for the  
12                  next emergency, let's get Red Cross training  
13                  and then we will be able to help people know  
14                  matter where they are in the country. so what  
15                  happened was they were ready to go down to  
16                  the impacted areas and they couldn't get  
17                  through the red tape. There was just  
18                  enormous amounts of red tape they came to us  
19                  and working on our project, we had access to  
20                  people who were working in the interagency  
21                  coordinating council for the department of  
22                  home land security and we were able to hook  
23                  them up with people. But, it was still not  
24                  an easy process for them to find the right  
25                  people to get into the right shelters and

1 provide service that is we know, I mean, we  
2 know there are mental health needs down there  
3 for everybody, and people who are deaf who  
4 needed direct access to somebody who could  
5 use sign language were just -- it was just  
6 put to the side and it was very difficult.

7 When we went to a conference recently,  
8 in fact, what was said was how they finally  
9 made inroads was not through FEMA, not  
10 through Red Cross, but through the community.  
11 There are deaf ministries set up, deaf  
12 schools, there are CB Is, that's how they got  
13 in. And that to me is a shame because we are  
14 telling people now let's get training and  
15 then you will get access and it's still being  
16 very difficult. Somebody is not going to  
17 take a 20 hour training if they think that  
18 nothing good is going to happen she they are  
19 done.

20 We also find volunteers with expertise  
21 in hearing loss who would go down. I know a  
22 guy named Max, and he is an audiologist, and  
23 we call him Mad Max and he pretty much is,  
24 he's a real Texas madman. But the only way  
25 he got into a shelter was finagling

1 investment he said he knew some people who  
2 knew some people and he got his way in. And  
3 people needed service, nobody thought about  
4 audiologists, but when there's no air  
5 conditioning anymore, and people are  
6 sweating, hearing aids are not really  
7 thrilled with a lot of moisture, so hearing  
8 aids would break, hearing aids got lost and  
9 people weren't thinking about it but if I took  
10 off my hearing aid now I would have a much  
11 tougher time communicating because I don't  
12 have enough sign language. Well you think  
13 bring an interpreter in, it wouldn't help me  
14 and it won't help a lot of people with  
15 hearing loss who are dependent often their  
16 hearing aids. so putting audiologists as a  
17 professional on a medical reserve could Corp  
18 is an idea that we are promoting now and I  
19 think people should start thinking about  
20 putting them on CERT teams, medical reserve  
21 Corp. Because that way, hopefully we will be  
22 able to get the audiologists in the shelter  
23 when they are needed.

24 Who we found did help a lot were the  
25 deaf minute industries, deaf schools,

1 businesses and organizations serving people  
2 who are deaf and hard of hearing. They just  
3 new where the resources were, people came to  
4 them, people came to schools, even at times  
5 when they weren't quite ready for them from  
6 what we were hearing, but that's where it's  
7 going -- where people are going to go. We  
8 need to know that for the next time and we  
9 immediate to be prepared so that the services  
10 are provided and, again, the funding becomes  
11 an issue, too. People providing services  
12 that are not reI am bursted it's going to  
13 make it much harder for them to want to do it  
14 in the next emergency. And of course we know  
15 there's going to be another emergency.

16 Still me. I just want to make sure I'm  
17 doing the right thing here.

18 Equipment and services. We are working  
19 one of the four organization that is we work  
20 with is C SD. Which is a deaf organization  
21 that has -- and it mostly provides services  
22 to people who are deaf and it's around the  
23 country. And they have one locality is in  
24 Oklahoma and they were working with your  
25 grant to provide services in the impacted

1 areas. They were willing to set up video  
2 phones. Again, taking it when you look at  
3 people with hearing loss it's a broad  
4 spectrum of people. And what is good for me  
5 is not good for somebody else. And somebody  
6 else who understands sign language like  
7 Cheryl was talking about who would really  
8 need an interpreter, because they are  
9 visually oriented, they are not English  
10 based, they are going to want to talk to  
11 somebody on a video phone. We had people who  
12 were willing to do that, to set up video  
13 phones and again it was so hard to get into  
14 the shelters, we had to work with them and it  
15 took a while, we did get in, but it took a  
16 while to break through. People need to be  
17 thinking of this in advance when we are  
18 setting up shelters that that can be a  
19 service that's provided for free in some  
20 cases.

21 Foundation things, I was working with a  
22 hearing aid foundation that was trying very  
23 hard to give away hearing aids and services.  
24 And I don't know if you folks know what  
25 hearing aids cost, but they cost minimum of

1           \$1,000 at this point. Up to \$3,000 for one.  
2           And this company was willing to give it away  
3           and it's not the kind of thing that it's  
4           going to be something that -- I mean, I know  
5           everybody was -- what the reports were is  
6           don't send us goods, send us money because we  
7           will buy things. Well, you are not going to  
8           buy a hearing aid, a Red Cross outfit is not  
9           going to buy a hearing aid for someone. This  
10          is something that these people were  
11          struggling to get through and I made several  
12          calls to try to get the donations set up and  
13          we could not get through. We finally got it  
14          on a website, DHS set a website up for  
15          durable medical goods does we that had  
16          listed. But that was only after we had been  
17          working with DHS and they finally changed the  
18          categories because before when they first set  
19          up -- one of the first things they did is  
20          look on DHS to see if we could donate through  
21          there and this foundation said there was no  
22          listing for hearing aids. So I didn't even  
23          think to do that. Well, now it's there and  
24          I'm hoping what I can't see is what's  
25          happening on the other side when somebody

1 needs a hearing aid, how do they get it. I'm  
2 hoping that it's smoother now but it's  
3 something that people need to continue to  
4 work towards.

5 We also know of agencies that donate  
6 hearing aid batteries but they found that the  
7 easiest way to do it was through their own  
8 resources so they set up their own websites  
9 so people contact them directly rather than  
10 going through the agencies that typically  
11 give out services and goods.

12 So that was a change. But it's what  
13 had to happen because people couldn't find  
14 another way to do it.

15 And I talked to you about my  
16 audiologist who finagled his way in.

17 Now it's you.

18 MS. CHERYL HEPPNER: Okay. We are  
19 going to talk a tiny bit about -- we are  
20 talking about not a significant number of  
21 people with hearing loss. One out of every  
22 10 Americans, that's 28 to 31 million has a  
23 hearing loss.

24 And if some of you happen to get ahold  
25 of News Week magazine this past surges you

1           would have seen the cover story which talks  
2           about something nobody seems to want to  
3           address in our business. The baby boomers  
4           may push that figure to 78 million in the  
5           next 25 years.

6                     Another thing that's important to know,  
7           when you are trying to serve people who are  
8           deaf and hard of hearing, is that only one  
9           out of every three or four people with a  
10          hearing loss actually has a hearing aid who  
11          needs one. And I think we have had studies  
12          that have shown that the average amount of  
13          time a person weights to get a hearing aid,  
14          it's 7 years, roughly 7 years. So that means  
15          that in any kind of emergency, you are going  
16          to have people who aren't going to admit or  
17          even acknowledge or may be even know the  
18          extent of their hearing loss.

19                    Under normal circumstances people who  
20          are deaf, deaf blind or hard of hearing  
21          require their own set of accommodations as we  
22          mentioned. But in an emergency, nothing is  
23          normal.

24                    LISE HAMLIN: We know that people in  
25          shelters did not get all the information they

1           needed. And this is not just view for people  
2           in shelters. We know that anyone, any time  
3           an emergency people are going to need to you  
4           speak to them and communicate with them in a  
5           way that they can understand. And that's not  
6           just true for people who are identified  
7           themselves as hard of hearing, but people in  
8           an emergency there could be loud noise, there  
9           could be an explosion where somebody is  
10          temporarily disabled, there is also E all  
11          kinds of situations and also, again, as  
12          people age into their hearing loss, they do  
13          not recognize their own hearing loss.  
14          Statistics at this point say that it takes 7  
15          years from the point where a family member  
16          usually says you know you should look into  
17          your hearing problems here, until the point  
18          that they actually do something about it.  
19          Absolutely true.

20                 Now, again, this comes back to asking  
21          the right questions. How do you identify  
22          somebody, you can't say are you deaf, are you  
23          heard of hearing. You can say can you hear  
24          the public address system if there's a public  
25          address system. Can you hear on the

1           telephone, that's a big identifier because  
2           people use telephones all the time. If you  
3           have a video on a flu shot, can you  
4           understand what's going on on the video. Can  
5           you understand it by hearing or do you need a  
6           caption, do you need some way to read what's  
7           going on.

8                     Do you need a sign language  
9           interpreter. And we are hoping that some  
10          shelters and in fact at some point earlier  
11          on, some interpreters were able to get into  
12          shelters and if you set that up in advance,  
13          you can have interpreters in your shelters.

14                    And then you also need to know if they  
15          can read and write in English. Also going to  
16          be a population of people who don't  
17          understand English well enough to be able to  
18          read it. So you can't communicate by pen and  
19          paperback and forth. You can use gestures,  
20          there are ways to communicate and we are  
21          going to get into now the ways that are not  
22          just providing accommodations, but ways that  
23          you can communicate with people with hearing  
24          loss.

25                    MS. CHERYL HEPPNER: Me again.

1                   These are emergency communication tips.

2                   People who are deaf and deaf and use sign  
3                   language, we recommend if at all possible  
4                   that you use qualified interpreters. By  
5                   qualified, we mean ones that the deaf person  
6                   themselves is able to understand. Ideally we  
7                   would like to see all of the interpreters  
8                   have certified sign language interpreters  
9                   because those are the ones with the most  
10                  training and experience and they have been  
11                  tested and have performed well. But we know  
12                  that that may not happen. It's still every  
13                  important not to try to use people who are  
14                  not qualified. Now, if you can't get a sign  
15                  language interpreter, it is very helpful to  
16                  speak slowly and clearly. Do not yell or  
17                  exaggerate your speech. Let me tell you that  
18                  my father when he would talk to me as a child  
19                  would make awful his mouth movements big,  
20                  which did not help at all. And there's also  
21                  many people don't understand the nature of  
22                  hearing loss that even if are you talking  
23                  louder, it is not necessarily clearer. It is  
24                  the clearer part that we need.

25                  We also can read gestures, there are so

1           many often when I work with my audiences and  
2           in the old days when I worked directly with  
3           some first responders, I would ask my  
4           audience how many of you no sign language.  
5           And pretty much no handled go up. And then I  
6           would say, you are all liars. How many of  
7           you understand this one. How many of you  
8           understand this one. How many of you  
9           understand this one?

10                 NEW SPEAKER: Can you just say for the  
11           blind.

12                 MS. CHERYL HEPPNER: I used the okay  
13           sign and the thumbs up and the rolling finger  
14           around the ear for crazy, things like that.  
15           We all know a lot of those things. And I  
16           have had my friends who are deaf tell me that  
17           when they are with a counsel they think they  
18           have decide and gone to heaven.

19                 Also it's very important how to you  
20           position yourself. You should allow the  
21           available light to illuminate your face.  
22           Avoid back lied E lied E lighting. As a  
23           demonstration I have a little trustee  
24           flashlight and my assistant over here will  
25           give you a little approximations. Ideally

1           you want to have some light on your face.

2           You don't want it to be underneath.

3                   I may have a battery problem here. But  
4           luckily I have an emergency kit with any back  
5           up batteries. We will put emphasize this  
6           there. But anyway, you want the flashlight  
7           not to be and I really don't want you using  
8           flashlights because the glare on the eye will  
9           make it impossible for anybody to understand  
10          you. They will be too busy cowering. And  
11          this is why it is important to have the  
12          light, if possible, behind or to the side of  
13          the person.

14                   It's also important to use written  
15          communication if you can. We talk a lot  
16          about pen and paper. But understand that  
17          there are people to whom English is not the  
18          first language. They grew up with sign, that  
19          are based on concepts and they did not follow  
20          English word order so they may sort of get  
21          the message, but not completely.

22                   The people who are hard of hearing, or  
23          what we called oral deaf means that they grew  
24          up trying to use, but would residual here's  
25          they had. So they try to lip and try to lip

1 read.

2 We recommend that you use assistive  
3 listening devices to facilitate  
4 communications. Today we are using one.  
5 This second microphone here feeds into, you  
6 can have either a receiver that can go like  
7 headphones into your ear or you can have one  
8 that uses a tell he coil and a hearing aid.

9 Again, my assistant is showing them,  
10 she has a personal listening device, this is  
11 called a pocket talker. They are relatively  
12 inexpensive. You can find them on sale  
13 sometimes for about \$100. And this is a good  
14 one on one device. It will not make somebody  
15 who is deaf hearing, but it could be the  
16 difference between communicating and not.

17 There are also people who are both deaf  
18 and blind or they can be blind and hard of  
19 hearing or they could be deaf and just  
20 visually impaired. For people who are  
21 signing language users, who are deaf, blind,  
22 it's very helpful, in fact, totally necessary  
23 for the begs results to have what we call a  
24 tactile interpreter. Lise will you give me  
25 your hand. If Lise were a deaf blind person,

1 she would be following my hand, her handled  
2 rest on mine while I am signing what I am  
3 saying. And so she will use that movement to  
4 understand what I'm saying.

5 Very good job Vanna, what would I do  
6 without you. Also people who have vision and  
7 hearing loss may be best with large print  
8 text if it's available. And you should  
9 see... the person who have physical contact  
10 to someone to stay oriented to where they are  
11 in space. I speak for myself, too. Many  
12 people like me, who have lost their hearing  
13 do through something like what I had, spinal  
14 meningitis do not have any balance as well.

15 My vestibular system is gone. If I'm  
16 in a dark room, I am deaf and blind.

17 So, it's very important that you have  
18 your hand on a table, your hand on a person,  
19 your hand, something, to orient yourself.

20 And also, within the deaf blind  
21 community, we have learned that when there is  
22 an emergency, the best way to signal it is to  
23 go to the person telling them the need to  
24 evacuate by tracing a large X on the back and  
25 helping that person to safe. That is become

1           understood by that particular community.

2           If you have to community, you can.

3           Community, you can also use large block  
4           letters. If someone gives you a palm, if you  
5           don't know sign language you can do an A or a  
6           B, just writing on the palm that way.

7           And, of course, common sense, ask them  
8           what works best to communicate with them.

9           So, there are many -- there are some  
10          things that are complicate to community, but  
11          there are also things that are very simple.  
12          If you don't have sign language interpreters,  
13          you often can find someone who is what we  
14          call coal, child of deaf adult, they grew up  
15          with mom and dad, they know how to  
16          communicate with them through sign language  
17          or otherwise. There are friends, there are  
18          family. People who are close to them who  
19          know.

20          There are also other assistive devices  
21          like the pocket talker. Or you can use  
22          something like a bulletin board or whiteboard  
23          or even a computer screen.

24          And there is a lot of things that will  
25          happen that you can just have your

1 instructions written down or write them down.  
2 And good old pen and paper. We come back to  
3 pen and paper a lot.

4 Now I would like to move onto the whole  
5 issue of emergency alerts. How do people  
6 know when there's an emergency. How do they  
7 know what to do?

8 First I will tell you what will not  
9 work for people who are deaf and hard of  
10 hearing persons. And that's the hearing.

11 Unless the hearing loss is very mild.

12 Then probably a radio is out. Also,  
13 understand that in many emergencies, even if  
14 you can hear a radio, under normal  
15 circumstances, there could be a lot of  
16 background noise, other people talking, a lot  
17 of banking and other things going on, and you  
18 cannot pick out the sound that far radio over  
19 the sound of the other things.

20 Sirens. Not a good choice either. I  
21 have a friend who lived in Williamsburg and  
22 they go where they set up the sirens by the  
23 power plant to make sure that everybody in  
24 the community recognizes them, has the drill  
25 and all that, and he tells me that when they

1 go off, and he's inside his house, he cannot  
2 hear them. Outside the house, maybe. Even  
3 with his powerful hearing aid, but not  
4 inside. And that is true of many, many  
5 people who are deaf or hard of hearing. And  
6 for the same residence, bull horns,  
7 megaphones and PA systems are very difficult.

8 What may work is another story.  
9 Television, if you have captions or other  
10 advisable information. Text alerts because  
11 there's something you can see and read. Then  
12 NOAA, weather radio. Because some have text.  
13 And reverse 911.

14 Let me first address television. There  
15 is access to emergency information. Better  
16 communication regulation. We call it 79 .2,  
17 and in your handout and on your page have you  
18 a link to the website where you can find out  
19 more about it. It basically says that visual  
20 access to emergency information is required.  
21 And the way they define emergency is anything  
22 that will affect life, health, safety or  
23 property.

24 This past year for the first time they  
25 have actually enforced this regulation. They

1 find three television stations in California  
2 for not providing emergency information  
3 during the wild fires. They found in favor  
4 of our center in a second complaint relate to  
5 tornados in the D.C. area. And then they  
6 also found in favor of a complaint against  
7 television stations in Florida during the  
8 hurricanes.

9 We can't remember how we split this up  
10 sometimes.

11 Television. We found a wonderful  
12 strategy in Arizona there was a man named  
13 Mr. Collins who was hard of hearing himself  
14 who has been welcomed by emergency management  
15 officials and planners at the state level and  
16 he has worked a lot to educate them and to  
17 learn from them.

18 Randy and those planners came up with  
19 this one thing, whenever the governor or  
20 another official sent out emergency  
21 information for the media, they always  
22 include the text with the emergency  
23 announcements. In compliance with FCC  
24 requirements 47 C.F.R. 79 .2, it is  
25 recommended that Alltel vision stations run

1 captions or visual displays during an  
2 emergency broadcast. If possible, please  
3 provide realtime captions of the broadcast,  
4 or at the very minimum, please include all  
5 essential information on road closings,  
6 shelters, advice to prevent injury, and other  
7 critical information that is provided orally.  
8 Police ensure that this captioning does not  
9 interfere with crawling announcements.

10 LISE HAMLIN: Okay. There are  
11 drawbacks. There is no one system, and in  
12 fact I think what we would say repeatedly is  
13 redundancy is the key. We will be a little  
14 redundant ourself here, but it's redundancy,  
15 redundancy, redundancy. The problem with  
16 captions can be that they could be  
17 unreadable. Sometimes they are garbled,  
18 sometimes it doesn't come through properly.  
19 It could a technical problem, it can be  
20 anywhere along the lines. So we need  
21 something that works.

22 Captions in some areas are unavailable.  
23 Sometimes -- and this is not just true -- I  
24 mean it's true for television, there are as  
25 we state earlier, some local stations do not

1 provide captions because they believe it's  
2 too expensive. So they don't do it. And  
3 then they forget to put on another visual  
4 display. So in that case it can be  
5 unavailable. It can also be that people now  
6 are using internet access, they are not  
7 always using television for their main source  
8 of information. And in those cases where you  
9 have -- if you are looking on the internet,  
10 there are places where you will get video  
11 stream being, but you won't got captions, so  
12 that's a problem.

13 Also, we need captions on smaller TVs,  
14 the law reads now if it's 13 inches or  
15 smaller, also no requirement to have a chip  
16 in the TV that will read the captions or open  
17 up the closed captions.

18 And most of our televisions that are  
19 portable are much smaller and portable, by  
20 portable I mean you can put batteries in it  
21 and leave in an emergency, those TVs are not  
22 available with captions with the exception of  
23 one that we have found.

24 Then when the power is out, again, are  
25 you in the same boat this. Toshiba this 9

1           inch DVD combination which is not cheap also  
2           so it's not going to be available for people  
3           who can't afford it, I believe it's about  
4           \$200. That TV is the only one we found that  
5           for a TV that's less than 13 inches and  
6           actually portable.

7                        So, when the person -- when you don't  
8           have captioning, you don't have access and  
9           then some people age into their hearing loss  
10          and don't even know about captions so they  
11          won't even turn it on. In a place like this,  
12          I don't know if anybody turned their caption  
13          on she they got there, but it says right on  
14          the remote it has captions but it's a  
15          mystery. But I figured it out, but it aches  
16          a long time.

17                      NEW SPEAKER: I will tell you how to do  
18          it. It's real easy once you know how to do  
19          it. But, it should be easy on every single  
20          remote should make it you click it on right  
21          away. This one you click on and then you  
22          click the volume control is how you do it.  
23          Who would have guessed.

24                      MS. JUILLET: I did everything else.

25                      LISE HAMLIN: We did, too. That was

1           the last thing I thought of and there was no  
2           technical person here today.

3           The other thing that we are talking to  
4           people about is making everything as text  
5           based as possible because people with hearing  
6           loss tend to be people who read. So, I, for  
7           example, I got a cellphone and it now  
8           receives text emergency alerts. I live in  
9           Montgomery County Maryland and I work in  
10          Northern Virginia. So, I go passed D.C.  
11          every day to get to work and back. And so I  
12          have now text alerts from Montgomery County,  
13          from D.C. and from Northern Virginia. I love  
14          them on my cellphone because I don't need to  
15          worry about where I am, I can be in the car  
16          traveling, I might be able to be at work, but  
17          here's one of the down sides of text alerts  
18          it doesn't work in my workplace. I can't get  
19          inside the building we can't receive those  
20          alerts. But we have other back ups so we are  
21          okay.

22          But, they are for me it's one of the  
23          really good ways to get alerts and we are  
24          encouraging people to do it in every county.

25          You don't just need it for your

1 cellphone also, you can get it in your  
2 e-mail, you can get it to a pager, PDA,  
3 whatever.

4 There are lots of -- I don't know how  
5 many people are aware of it, one of questions  
6 I want to ask, how many people do we have  
7 here work as emergency managers or as first  
8 responders. Okay. So we do have a few  
9 people. Are the rest of you working in  
10 community based organizations, how many are  
11 community based organizations. And how many  
12 are -- okay there's a lot of those. How many  
13 are government organizations. So there's --  
14 good mixture of people.

15 Well, we would encourage the people who  
16 work on government or in who can set up these  
17 emergency text alerts to get them going.  
18 Because while there is this one site that  
19 does national alerts, they won't give out  
20 local information. So a school closing or  
21 something very local won't get on or none  
22 weather relate, pretty much, it doesn't make  
23 it. So the sniper shoot things around may  
24 not have made, I wasn't here for that.  
25 Actually I was here, but I wasn't signed up

1           for this alert system when that happened.  
2           But I would have wanted to know what was  
3           happening. I would have if I had had  
4           availability, I would want to know locally.  
5           Recently Montgomery County has caught on to  
6           it so now I will get those kinds of alerts &  
7           then the weather channel, there are several  
8           other people do provide for a fee, they do  
9           provide alerts, weather alerts as well.

10                   What we are seeing, too, is Maine and  
11           North Carolina, for example, are distributing  
12           pagers that will provide alerts. And/or  
13           North Carolina is actually distributing  
14           weather radios, Maine is distributing you get  
15           a choice, you can have a NOAA radio or you  
16           could have a pager for free. But then you  
17           for a pager have you to sign up for your own  
18           service, but they do a cut rate on the  
19           services. What we are finding is that it  
20           became so popular that they have to rethink  
21           their budgeting, they have got a grant for  
22           the first time around through DHS and now  
23           they have to figure out if they can put  
24           this -- they are looking to put in a line at  
25           the moment on the state budget. And

1           hopefully that will be successful.

2           Okay, so the drawbacks, coverage is not  
3           uniformly available. One of the problems  
4           Maine had is there are a lot of areas that  
5           are so rural they don't have, they can't get  
6           the pager service out there.

7           We know that sometimes the devices are  
8           not Interoperable you can't always get. We  
9           would like very service to go to every  
10          wireless device but that won't always happen.  
11          The cost of the services sometimes are too  
12          expensive for people. And we know that  
13          people with disabilities are not uniformly  
14          employed in jobs they really are capable of  
15          doing so they don't have as much money as  
16          they might otherwise have. So they may not  
17          be able to afford to get a monthly service  
18          that would provide them the kind of text  
19          alerts that they need.

20          Now, we are also -- we do know that  
21          also for people who are deaf blind or have  
22          low vision and hearing loss, that the screens  
23          are not necessarily readable for that  
24          community of people. So we need to see that  
25          those technological developments with made in

1 the future.

2 And also, the other piece of it is that  
3 text message is very brief, and the  
4 assumption is that you will get this brief  
5 message and then go to your radio or tell  
6 advisor the internet or make a phone call,  
7 which we can't easily do if you are deaf  
8 lined or hard of hearing or deaf, so that  
9 question is that trying make those messages  
10 work, what happens to my text alerts is I  
11 usually get two alerts for every -- two  
12 messages for every alert going out because  
13 they just can't pack enough information in  
14 one alert.

15 Now we also know that there are NOAA  
16 radios, and I really have become a fan of  
17 NOAA radios, we have one in our office that  
18 sends out a visual alert and I'm going to try  
19 to go over here so you can see. Do people  
20 are aware of NOAA radios; correct?

21 These that we have. I have to be  
22 audible to the hearing people, too; right.  
23 The ones that we have here this is one and  
24 not every model does this, do I have to make  
25 it this close.

1                   Not every model has the capability of  
2           having a visual alert. This one does. This  
3           is the visual alert. You can turn away  
4           Cheryl I'm going to pop it on.

5                   What you were hearing was the visual  
6           alert going off. Did you see that

7  
8                   (Light blinking).

9                   MS. SIMMONS: Let's do it again.

10                  LISE HAMLIN: One more time.  
11           (indicating). What you were hearing was the  
12           tactile alert. That's this thing and it  
13           shakes so that you can cutting under your bed  
14           or your mattress or your pillow if you really  
15           want to sleep on this. But these are ways  
16           that you can get this alert and for people  
17           who live in the tornado area, for me, I would  
18           absolutely want it in a tornado. In fact, we  
19           had one in Montgomery County where it was in  
20           the daytime and it was at work and I was  
21           working at the time and this place was  
22           windows all along my office and I looked out  
23           the window and I said you know the sky  
24           looking a little yellow there what, are we  
25           supposed to do nay tornado and sure enough

1           there was an announcement. But, I got on my  
2           cellphone at the same time, the page for the  
3           tornado. So I in fact was one of the first  
4           persons who new about it. And then when the  
5           all clear was found sounded, I had the all  
6           clear on my cellphone also and I was able to  
7           let everybody else know it's okay, we can  
8           leave now.

9                        So that -- being -- having information  
10           to me is one of the most important things.  
11           And it happens a lot for people who are deaf  
12           or hard of hearing, they feel like they are  
13           not in the loop. They are not given the  
14           information they need to learn how to act on  
15           their own.

16                      Okay. The other piece of that, the  
17           other piece is that one thing to know about  
18           people who are hard of hearing is that there  
19           are ways also to use a neck loop. And I have  
20           a neck loop here, too, it's with all of these  
21           wires here.

22                      Now, some people -- this loop goes  
23           around my neck, and then plugs in to a pocket  
24           talker or plugs into a radio or whether  
25           radio.

1                   Weather radio. So the things that we  
2                   don't like about the weather radio for  
3                   example is that there's a short message and  
4                   the verbal message has much more information  
5                   about what to do. If you can tell people who  
6                   are hard of hearing and we are, that you  
7                   should try it to see if your neck loop works  
8                   with the radio. And then in that case you  
9                   have more information for yourself. It may  
10                  not work, you may be dependent on other  
11                  means, but that's at least a start.

12                  Now, the short message that we are  
13                  talking about is a drawback is to me it's  
14                  biggest drawing back and we are pushing to  
15                  see a fully text radio. We know that in  
16                  Europe in K, they have all right something  
17                  called radio data system which provides full  
18                  text messages for radio. It's not quite  
19                  grabbed on here, but if you have a pre us and  
20                  some other cars, somebody said they have an S  
21                  UV where on their radio they get the short  
22                  message, they will get the name of the song  
23                  and I guess the person who is singing it and  
24                  that's about it. There are ways to get  
25                  that -- you can take that short text and make

1           it more fully text. For weather radios it is  
2           particularly ironic that we can't get full  
3           text because the weather starts off with a  
4           text message and then converts it to audio  
5           message, but they don't have a way to get it  
6           back to the receivers yet to fully text.  
7           They are working on that, we expect that to  
8           happen in two years, may be three years.

9                     But the downside that far of course is  
10           that that radio will no longer be useful when  
11           they have fully text radios. Will you have  
12           to buy a new one that receives the  
13           information.

14                    Right now, the weather radios don't  
15           provide local information like school closing  
16           and local emergency and traffic event. From  
17           what I've been hearing they are working on  
18           that, too, to make it an all hazards radio,  
19           but I don't know how long that's going to be  
20           before it happens.

21                    And there are some models where have  
22           you to choose. You have to choose between  
23           audible alert and a voice alert, or a visual  
24           alert. We are, again, we encourage -- we  
25           want people to know that -- and many

1 household there's more than one person, there  
2 may be one person has a hearing loss and one  
3 who does not and you would want to have both  
4 messages if you could possibly do that.

5 Is this me. This is me, okay.

6 911. What is good about reverse -- and  
7 I didn't put it in quotes, but I should have.  
8 This is reverse 911 is a brand name. But the  
9 concept is more easily understood by that  
10 name. Where it's a way for people to -- it's  
11 emergency services to call out to the  
12 consumer in a very local geographic area if  
13 there's a hazard that they should pay  
14 attention to. What's nice about that is you  
15 can provide multiple options, you can have it  
16 go out there are some systems that allow you  
17 to do it by phone, buy e-mail, by any kind of  
18 text alerts. That's really nice.

19 You can also provide an option for  
20 people to have TTY access. For people who  
21 are using text telephones still, that's  
22 really nice for them to be able to get that  
23 either directly or by having a sign up where  
24 they could themselves sign up for it.

25 Now you see this long list of drawbacks

1           here. The system is not from our  
2           understanding the Tim is not automatically  
3           TTY compatible. Which means if you are in  
4           some communities, they can decide either not  
5           to spent the non make it TTY capacity able or  
6           they can just not know about it. I was  
7           talking to one vendor at a conference a  
8           technical conference recently he said oh,  
9           yeah we can make the system TTY compatible,  
10          no problem. But none of my clients have ever  
11          asked for that. And I've got to believe it's  
12          just people who just don't know who are  
13          buying the systems. We believe that that  
14          being be a violation of the ADA, it's not  
15          providing equal access to so now the county  
16          setting up a system where they could then be  
17          sued by somebody who gets very upset when  
18          somebody dice because they didn't get the  
19          phone call they should have gotten.

20                 We are trying to encourage all systems  
21                 to make it simply part of the package where  
22                 nobody even has to thinking about it, it's  
23                 just there.

24                 Now for hard of hearing people, if the  
25                 message is just a phone message is really

1           tough for me to hear. And I will -- when I  
2           get -- do I have a voice phone and do I have  
3           a message system, but I will repeat it two  
4           and three times orally use my CAPTEL phone,  
5           which I like a lot and, they will listen to  
6           the message and I will get a text message  
7           from that, from the phone call that I got in.

8                     If you have an emergency message that  
9           goes out one time, gramma is not going to  
10          understand it. And I'm not going to  
11          understand it. You need testify a message  
12          two and three times, three times is best.  
13          Just to get through the first message. Now,  
14          if you are also looking at electronic voice  
15          messages, they are going to be tough to  
16          understand, too, it's better to record a real  
17          live voice, somebody who is preferably a guy  
18          because lower voices are heard more readily  
19          than higher voices by people who are hard of  
20          hearing.

21                    And hen if you are going to put an  
22          automate menu on it it's going to be very  
23          difficult for hard of hearing people to pick  
24          up on, they will say what, this means what,  
25          1, 2, 3, you know, forget it, it becomes

1           really hard. In an emergency message, you  
2           want it to be as easy and as simple and  
3           understandable as possible.

4                   And the final problem is that we have  
5           been pushing, particularly people who are  
6           deaf who as I was telling you who are moving  
7           to text messages and side kicks and pagers,  
8           they are abandoning their TTY, because they  
9           see it as old technology, but the problem is  
10          for not just reverse 911, but it just calling  
11          out 911, if they don't have a land line phone  
12          they are stuck. You cannot call at this  
13          point use a page tower call 911. We are  
14          trying to push them in that direction, but  
15          you can recognize that the community trying  
16          put in reverse 911 has got to recognize that  
17          some people are going to be left off that  
18          list.

19                   Now we want to move to emergency kits.

20                   NEW SPEAKER: Can I ask a question  
21          about reverse 911.

22                   MS. CHERYL HEPPNER: Could you hold  
23          that question when we finish, we are real  
24          close to the end now. Okay, let's see.  
25          Emergency kits. Public information offices

1 promote these emergency kits that include a  
2 radio as the second or third most important  
3 item at food, water and first aid. And as we  
4 have already heard us say, radios are not  
5 necessarily that helpful to us. Although we  
6 do understand that it's a good idea to have  
7 one anyway. And I do, because you can always  
8 give it to a hearing person if you have one  
9 around. A person needs just between me and  
10 the dog. Image what they have for the people  
11 who do the community Outreach. The first  
12 responders for everybody is that consumers  
13 who are deaf and hard of hearing will be  
14 resistant to using kits and resistant to the  
15 agency that promotes the kits. And that is a  
16 misunderstanding of hearing loss. If you  
17 leave that message in there; right up there,  
18 and you see it as often as we do, there will  
19 be on some websites, information that they  
20 will send a message to your pager to invest  
21 you of an emergency and then you should go  
22 turn on your radio, that kind of thing just  
23 oh, my gosh. I don't want to hear this.  
24 This means that somebody doesn't understand  
25 my needs at all. So, we have some things

1           that we think should be subject to emergency  
2           kits when are you talking to an audience that  
3           there are people who are deaf and hard of  
4           hearing in it and that is pretty much every  
5           audience you will ever talk to. There's got  
6           to be somebody either in the audience who has  
7           a family member, bus you at least 1 out of  
8           every 10 people in this country has a hearing  
9           loss and these are some of the things that  
10          you can put in. Actually, Lise and I are  
11          going to abandon this last part testify and  
12          just tell you some of the things that we have  
13          in our kits that would probably be different  
14          from somebody else's so you get a general  
15          idea.

16                 LISE HAMLIN: Okay. One of the first  
17                 things I just showed you the pocket talker.  
18                 Now, a pocket talker is basically an  
19                 amplification device, a microphone and some  
20                 kind of headset or neck loop. Again, that  
21                 way somebody could talk directly into the  
22                 microphone and the sound goes directly, it  
23                 excludes the background noise so, in a  
24                 shelter or a noisy situation, it's a grating  
25                 to have. And for me I keep something like

1           this, mine is a little different, but same  
2           basic idea, to keep with me if I have to go  
3           on the go and I know that my hearing aid may  
4           or may not be working, I have this as a back  
5           up.

6                     The next thing one of the stories that  
7           came out of Katrina is I got a phone call at  
8           one day from a woman who was a coworker,  
9           somebody who lived and worked in New Orleans.  
10          What happened to this woman, she was frantic,  
11          she was calling me, she said I can't find my  
12          coworker, I don't know where she is. Can you  
13          help me find her. So I suggested the  
14          Red Cross list of missing people, and I FEMA  
15          and everything else. And I spent some time  
16          looking through the list myself because I got  
17          very worried. And then she called back about  
18          a day later, may be two, she said everything  
19          is fine, don't worry, I found her. I said  
20          well what happened. She said well, she  
21          evacuated out to a hotel. But at the hotel,  
22          she couldn't call out because they didn't  
23          have a TTY. They had no way for her to  
24          communicate with anybody else. So now in my  
25          kit, is a portable TTY. This will allow me

1           to run by batteries, it allows me to put any  
2           phone on and make a text message, of course  
3           I'm relying on a relay service probably or  
4           somebody else who has a TTY, but at least I  
5           know, again, if my hearing aid doesn't work I  
6           can still communicate with people outside,  
7           because even though the ADA says this hotel  
8           and every other hotel should have at least  
9           one kit, they don't. So, in an emergency,  
10          you need to take care of yourself E the other  
11          thing I keep is a spare hearing aid. Again,  
12          I'm really dependent and I want to be able to  
13          communicate. If I can't communicate, having  
14          a spare is good to have.

15                 And batteries. And finally, hoping,  
16                 again, most of the time for me I can use the  
17                 phone most of the time with my hearing aid,  
18                 so I will bring an external volume control to  
19                 boost the sound enough for me to hearing.  
20                 That will work in most situations. But,  
21                 again, I'm preaching redundancy, I'm doing it  
22                 myself. TTY and a volume control just in  
23                 case something doesn't work.

24                 MS. CHERYL HEPPNER: My kit. One --  
25                 well, I'm working my way down. I should tell

1           that you originally with my kit I started  
2           with one of those ghastly orange co-kits and  
3           I took it apart and some of the things were  
4           everything for me and some not so good, you  
5           but I kept everything.

6                       However, I understand I have a hearing  
7           dog. I'm supposed to not just take care of  
8           my needs, but the dogs needs. Did you ever  
9           try to carry around three days worth of dog  
10          food for a high energy dog?

11                      So the first thing did I was I realized  
12          my shoulder is actually racked from she I  
13          travel I have my things and the dogs things  
14          and that's a lot of stuff to carry. So I  
15          realized there was no way I could do this and  
16          my first thought was to take everything out  
17          of the orange thing and buy what is a  
18          backpack but on wheels. A pretty big one.  
19          So I figure in an emergency, hopefully I can  
20          pull it on the wheels more than I have to  
21          carry it.

22                      Anyway I set it so it has four pockets  
23          going from small to bigger, bigger and then  
24          big.

25                      The first one is where I keep things

1           that I think I might need things I might need  
2           right away in an emergency. One of them is  
3           an auxiliary microphone. I have a cochlear  
4           implant. My hearing is not your hearing. I  
5           have surgery, I have only one cochlear  
6           implant which means that although I'm deaf, I  
7           hear from one ear. I cannot tell direction  
8           for that reason. So if you call my name I'm  
9           going to be going where.

10                   The other disadvantage of this is in  
11           order to position the internal implant parts  
12           correctly, my microphone faces behind me. So  
13           I am going to hear the conversation back  
14           there much more clearly than the one up here.  
15           If I go into a shelter or anywhere, I want to  
16           turn that around, so I can plug this in to my  
17           pocket talker and point it in the direct of  
18           the person talking or even have them hold it  
19           and this will cutout the background noise and  
20           give me that information instead of their  
21           conversations (indicating).

22                   Very cool.

23                   The other thing, always, I have this  
24           wonderful little pad with a pen right here.  
25           I actually have three or four of them because

1           you might need to write a lot.

2                   And then well, this isn't specific to  
3           me, but I have my journal with all of my  
4           information to know. Very good.

5                   And my whistle because remember I told  
6           you my voice doesn't carry it tends to go did  
7           you know over time. If I ever have to yell  
8           for help very long, it is between this and my  
9           dog, who is trained to bark on command, if I  
10          tell her speak. She does.

11                   LISE HAMLIN: She's asleep now.

12                   MS. CHERYL HEPPNER: Well, we were  
13          telling a story about her. Then I also have  
14          a spare parts like Lise has her spare hearing  
15          aid. These are 6,000-dollar products which I  
16          don't have a spare. If this one is gone, I  
17          am stone deaf. But if it's just a simple  
18          thing of the cord to it, I have a spare cord,  
19          I can fix that. And I also am lucky that  
20          mine runs on a battery. These batteries is  
21          rechargeable which is no good which I don't  
22          have electricity. So I invested in this  
23          little thing that can hold three triple A  
24          batteries and even so this is a power hog,  
25          three triple A batteries will only get me

1           about 12 hours. So I have a lot of triple A  
2           batteries.

3                     That or just go to sleep.

4                     Then, of course, most everybody will  
5           probably have the same kit for their dog, but  
6           I found these wonderful clap able dogs to  
7           pick up things. And one of the things that  
8           I've learned from having a hearing dog with  
9           me all the time and also noticing so many  
10          emergencies seem to be involving water, you  
11          know, floods, hurricane, even fires, then use  
12          water to put them out. If you have ever had  
13          to hold a dog leash that's wet, it's the most  
14          miserable thing. So, I always have where I  
15          go carry a second one. If the one she has is  
16          wet then I can take it off and use the other  
17          one until that one dries. And I have a spare  
18          collar for the same reason. And my can  
19          opener for dog food.

20                    But of course I have more than one, I'm  
21           just giving you an example.

22                    The other thing that I love is night  
23           sticks. Night sticks are great for people  
24           who are deaf and hard of hearing. You know  
25           how you can remember many of us depend on

1 facial expression, speech reading, things  
2 like that. You can take one of these things  
3 and put them around their neck and activate  
4 them and they get that nice glow and you can  
5 see the face really well.

6 And this has nothing to do with hearing  
7 loss, but I would die without my deck of  
8 cards. I mean, I could take a book, but how  
9 long, I'm a really quick reader. But cards,  
10 oh, man, cards can last you forever.

11 And then we have a little story before  
12 we wrap up. About my dog.

13 Lise has been testing this weather  
14 radio and another one in the office. And you  
15 can train a hearing dog to -- she heard. Go  
16 back to sleep E you can train a hearing dog  
17 to do any sound you want to alert them to,  
18 but she loves this weather radioing.

19 We have haven't actually brought it to  
20 the office and some days when there's a  
21 weather alert, I get so much exercise because  
22 this kid is alerting me every five minutes.  
23 It's not one time, it's like 15 times.  
24 There's an emergency, another five minutes,  
25 there's another emergency, it's the same

1 emergency, but they keep telling her, they  
2 have got it make sure that you haven't fallen  
3 asleep or something.

4 And every time she tells me, I go into  
5 the room, she gets a treat, so you better  
6 believe that when she hearsay that thing go  
7 off she's like a rocket flying 0 down to my  
8 office.

9 True.

10 Okay. Now, the fun part.

11 How can we make all this work. We  
12 really want to have a partnership between  
13 people who are deaf and hard of hearing and  
14 you. Here in Virginia, you have very best  
15 resource is going to be the Outreach  
16 contractors with the Virginia Department for  
17 the Deaf and Hard of Hearing, which is head  
18 quartered here in Virginia, not far from  
19 here.

20 Our center is a contractor with them.  
21 And there are contracts for virtually every  
22 area of the state. Our center actually is  
23 one of the two pioneers that got the first  
24 contracts many years ago. And each one those  
25 contractors, we need our business to know all

1 of the organizations for deaf and hard of  
2 hearing people in our area. We know who the  
3 movers and shake he understand are, which  
4 ones would be good for you to be in touch  
5 with. That is supposed to be one of the  
6 handouts which I think you don't have, but it  
7 will probably be on your disk.

8 So, that should be the first place that  
9 you look when you are trying to set up a  
10 network and bring people in. If not using  
11 these contractors themselves, they will be  
12 able to put you in the right direction to  
13 identify the community leader and to help you  
14 get real diversity, because there are people  
15 who use all different kinds of communication.  
16 There are people with different degrees of  
17 hearing loss and there are people with  
18 different ages and different intensity.

19 And they also can help you get  
20 training. We, Lise and I may be in the next  
21 year or so working to train all of the  
22 Outreach contractors as well.

23 LISE HAMLIN: I just want to add that  
24 we were told that this Power Point would be  
25 going up on the website also, the web master

1           here said they will be going up. We can ask  
2           also that that VDDHH list go up there as  
3           well.

4                     But if any of this information you can  
5           certainly contact either of us for any of  
6           this information.

7                     We are also making a big push to have  
8           people with hearing loss included in  
9           emergency planning. We heard some of that  
10          this morning. One of the things I will say  
11          is that I did go through a CERT training  
12          myself in Montgomery County and one of the  
13          most startling parts for me was that we at  
14          one point part of the emergency training was  
15          to go through search and rescue for CERT  
16          teams and that's real basic we are not being  
17          basic and I understood that. But they are  
18          training us and part of the training we said  
19          well what we want to you do is if for example  
20          there's a tornado and the building is down,  
21          we don't want you to go, in but what we would  
22          like to you do is see -- help us find out if  
23          there are people who are hurt inside. So  
24          what you have to do is walk around the  
25          building and say anybody in there. Okay, so

1 I raised my hand. I said well, you know,  
2 that's really nice for most people, but what  
3 happens if someone inside is deaf or hard of  
4 hearing. And the guy said, well, you know,  
5 we are not going to save everybody.

6 I just -- you could have stabbed me in  
7 the belly there and I would have felt about  
8 the same.

9 What is interesting there the guy was  
10 not a bad guy, he really was a firefighter  
11 and he really did want to help people, and by  
12 the time he -- I could see even when he was  
13 saying it, his face was I'm supposed to be  
14 rest skewing people not writing them off. By  
15 the end of the course not only did he change,  
16 but everybody in that course and I was with  
17 about 20 people, about, at the end we did our  
18 own little practice search and rescue and the  
19 people on the team said we don't have to yell  
20 out, we can use flashlights to let them know.  
21 And there were other techniques that we were  
22 talking about, to let both the people deaf  
23 does hard of hearing and the team know that  
24 there is a possibility that you can't make an  
25 assumption about who is inside. No matter

1           what the disability is, there could be any  
2           person with -- again, temporary, immediately  
3           disabled from the tornado or who have a  
4           hearing loss or some other disability, you  
5           can't make assumption who is inside and you  
6           should be thinking about that. So, from my  
7           perspective now I really want more deaf and  
8           hard of hearing people on those CERT teams  
9           just to let other people know what to do. So  
10          we are pushing that and we are trying to get  
11          other people involved both ways, both  
12          emergency managers and policy makers. And  
13          people who are themselves disabled to get  
14          involved.

15                 And here are some of our resources.  
16          Our resource our website itself is the  
17          Northern Virginia resource center and then  
18          CEPIN also that works specifically on  
19          emergency preparedness has a website, too.  
20          And of course we are referring to the other  
21          good websites here. But these are real  
22          general. And again any kind of information  
23          that you need, we would be happy to give you.

24                 It's a long time for us to be talking,  
25          so I'm hoping that there are a few questions

1 left here.

2 NEW SPEAKER: Your equipment.

3 NEW SPEAKER: Excuse me.

4 LISE HAMLIN: You are going to need the  
5 microphone.

6 MS. SIMMONS: I just wanted to say if  
7 you sum up your question at the end and then  
8 I will repeat it to Cheryl or can you see it  
9 okay now. Fine.

10 NEW SPEAKER: Your equipment, is that  
11 easily accessible, I mean, for a person who  
12 doesn't have a hearing impairment, praise the  
13 Lord, how do you get -- where do you get that  
14 information from for people who don't already  
15 have that type of equipment so who do we need  
16 to get in contact with to make sure that the  
17 people in the neighborhood if they don't have  
18 that equipment, they will be able to get  
19 access to that equipment so who do we -- who  
20 will we get in contact with about that?

21 MS. CHERYL HEPPNER: That's a wonderful  
22 question. I would suggest that your first  
23 stop would be the people that I mentioned  
24 earlier, who are contractors for the  
25 Department for the Deaf and Hard of Hearing.

1           They can tell you if there are places in the  
2           community where you can buy it. Now, if you  
3           are a state agency, or you have a state  
4           contract, there is some equipment that you  
5           can buy at a reduced cost through the state  
6           telecommunications assistance program, TAP  
7           for short. That includes the TTY. I'm not  
8           sure they carry the pocket talker, which is  
9           very helpful. But some of these other stuff,  
10          you can get a really good price on it that  
11          way. so that would be a place to check, too.  
12          And the Outreach contractors can put you in  
13          touch with that information.

14                 NEW SPEAKER: Thank you.

15                 NEW SPEAKER: Hi, I have a couple  
16          questions about the reverse 911. You said  
17          that that's a brand name. But is this  
18          system, is it in -- is it a national system  
19          or is it becoming a national system and, if  
20          I -- if a person has a disability, if I have  
21          a disability, how do I get connected with  
22          this reverse 911 if I want to be contacted by  
23          them in the event of an emergency?

24                 LISE HAMLIN: Okay. The reverse 911 is  
25          a brand name. There's several different

1 companies setting up the same type of system.  
2 But the idea is that the emergency managers  
3 have a way to reach people instead of -- when  
4 I have an emergency, if I have a fire, I call  
5 out to my local fire department or actually I  
6 call 911 which dispatches it to wherever it  
7 is needed.

8 This is a way for emergency managers to  
9 call out to specific communities so if I'm in  
10 D.C. I wouldn't call all of D.C., I would  
11 call the community that was in impact by an  
12 accident or possibly not an accident,  
13 something more major than that, but whatever  
14 the event is.

15 You shouldn't have to sign up for it.  
16 What happens is that most testify is based on  
17 phones. So it's your phone number is already  
18 in the 911 system then they would just use it  
19 to hook you up for this reverse 911. What I  
20 was saying about sign ups is in some  
21 communities they are saying well we know some  
22 people have an unlisted phone number and we  
23 know that some people have TTYs that are not  
24 list so we are going to create a website for  
25 people to sign up themselves. But it's going

1           to depend on what each local community buys.  
2           It's not a national system. It's the  
3           community buys their own system, they decide  
4           what they need this that system and that's  
5           why they can T Y access or not. They can  
6           choose to send it out by e-mail or not. It  
7           could just be a phone system. Really it is  
8           very community based. And you shouldn't have  
9           to do anything to get yourself on the system.  
10          But you should probably check with your local  
11          emergency management system to see if they  
12          are considering it, if they have it in place  
13          and if so what's there, what is it that they  
14          are using. So that you know and you can let  
15          them know that you are in the community and  
16          make sure that your number gets on there or  
17          however they access it.

18                 NEW SPEAKER: Just a follow-up comment  
19                 on the reverse 911. We have that in our  
20                 jurisdiction and certainly had the TTY  
21                 capability. Our concern came when we  
22                 approached our phone provider, phone service  
23                 provider and, they have no way of letting us  
24                 know who is a TTY subscriber. So we are in a  
25                 position now with we actually have to ask the

1 public to let us know that you have a TTY so  
2 that we will know to send the message both by  
3 voice and by TTY. Currently the way we are  
4 dealing with that is we are just creating two  
5 messages and sending it out that way. But,  
6 you know.

7 LISE HAMLIN: When you say that you are  
8 creating two messages you mean you have a  
9 back to back voice message and then right  
10 behind it is a TTY tone message or you have  
11 two separate messages that go out.

12 NEW SPEAKER: It's the same information  
13 contained, but it is two physically two  
14 different messages lease two different  
15 messages. So you are saying that people have  
16 to sign up for it to get on to it.

17 NEW SPEAKER: At this point it's the  
18 only way that we can attempt to make sure  
19 that we are hitting the TTY users. We were  
20 hoping that our local phone service provider  
21 could give us information as to whether or  
22 not a particular service at an address had  
23 TTY. But that's not possible, according to  
24 the provider. Either for fee or for free.  
25 So, it's just not something that they can

1 provide. And the other important note about  
2 reverse 911 is it only works with land line  
3 hard wired phones. If you are only a cell  
4 user, it's not going to pick you up, you must  
5 make contact so that that number is built  
6 into the system.

7 MS. CHERYL HEPPNER: That was our  
8 concern, too. I have a question for you.  
9 Let me ask you, when you are sending the  
10 messages, you say you have one voice and one  
11 TTY, are you sending them together, are you,  
12 for example, having the voice message coming  
13 first and then the TTY message after that,  
14 how do you do that ism that's the way it  
15 would be, yes. The way you described it.  
16 The advice message would go out, and then the  
17 TTY message would go out. The system only  
18 accommodates, to my knowledge, the system  
19 only accommodates one message at a time. The  
20 message can go out in tandem, but we  
21 physically have to send one and then send the  
22 next one. We don't have to wait for the  
23 message to go to all the phones before we  
24 send the second one, but it the not a  
25 simultaneous thing. It's one then the other.

1 Two phone calls.

2 MS. CHERYL HEPPNER: The one concern I  
3 have about that, I heard about another  
4 community doing this, I'm not sure yours is  
5 the same. But they have the voice message  
6 repeats twice, this is an emergency, blah  
7 blah blah and, then this is an emergency,  
8 blah blah blah. And then when that is  
9 finished the TTY tones come on. And the  
10 problem with that is any experienced TTY user  
11 like I used to be, we learn to recognize the  
12 TTY has a light signal. And every time  
13 somebody -- every time there's a sound, the  
14 light will flash. And we learn to recognize  
15 when the lights flashing in a certain pattern  
16 t means there's a busy signal. We also learn  
17 to recognize that when the lights flash very  
18 sporadically, it means there's a voice  
19 caller. So we automatically assume  
20 telemarketer or something like that and hang  
21 up. Because a hearing person would not be  
22 calling us if they new us.

23 MS. JUILLET: That's right.

24 NEW SPEAKER: Another thing that comes  
25 into play with the phones, especially if you

1           have analog phones and digital phones, when  
2           you are trying to program a message in like  
3           on an answering machine kind of thing, with a  
4           digital phone you only have a short amount of  
5           space that you can do those tones and it cuts  
6           it off. Where if you have an analog messages  
7           system, you can make that as long as you need  
8           to. So that could be part of the issues that  
9           they are facing with the phone message.

10                 LISE HAMLIN: We are hearing the  
11           information we are getting back is in fact  
12           the information I got just at this conference  
13           was that only two percent -- through phones,  
14           people will only reach 2 percent. People  
15           will not pick up their phones, they will  
16           leave a message on, they don't want to hear  
17           your telemarketing he understand, even  
18           hearing people are not responding. so while  
19           it's one method of reaching people, it's  
20           probably not the best. You are going to miss  
21           a lot of people by ding a phone messages.  
22           But again, that's why some of these systems  
23           have -- are you not just sending a phone  
24           message out, you can send e-mail, text  
25           messages, anywhere, PDAs, that way you are

1 covering at least a little bit more than your  
2 phone messages.

3 NEW SPEAKER: I just wanted to say I  
4 think the phone message might really be  
5 helpful to people like myself who are low  
6 vision or blind.

7 LISE HAMLIN: Right. Again, that's why  
8 we need redundancy what doesn't help me might  
9 still help somebody else and we need as many  
10 different options as possible in the  
11 community.

12 JUNE KAILES: I wondered, with the low  
13 cost of a decoder on TVs, why are not the  
14 smaller TVs now equipped with the decode he  
15 understand since it's so inexpensive to do.

16 MS. CHERYL HEPPNER: That may be  
17 changing. We have hopes for it. Back.

18 LISE HAMLIN: 1990.

19 MS. CHERYL HEPPNER: 1991, 1990, the  
20 television decode he understand still in 1990  
21 required that any televisions with screens  
22 13 inches or larger have the decoder chip  
23 prior to that we got our caption from a set  
24 top box that would go on the television and  
25 that cost around 200 to \$259. For those of

1           us that had them. But the chip, it's open a  
2           couple dollars added to the cost of a TV set.  
3           But because that 13 inch thing is the law,  
4           most of the manufacturers haven't tried to go  
5           beyond that, except for that one Toshiba we  
6           found. However, one of the things that came  
7           out of Katrina was a growing recognition that  
8           it's not just people who are deaf and hard of  
9           hearing, but others, who use those. I've  
10          served on a couple of research groups and at  
11          one time we ever used to having all pagers  
12          and PDAs have a requirement for captions. A  
13          lot of people are moving over to those all in  
14          one things that can do TV, internet, phone,  
15          you name it and I was amaze that had even a  
16          really small screen with a really high  
17          quality that we have now for the screen, it  
18          was very readable.

19                 So, I'm hoping that that will soon be  
20                 abandoned, that any text device or even video  
21                 device of any kind will have a chip.

22                 JUNE KAILES: And is there any law  
23                 pending about not shortening the text  
24                 messages that you get, but making sure that  
25                 they are indeed complete, including road

1           enclosures, school enclosures, that kind of  
2           thing.

3                   MS. JUILLET: All hazards.

4                   JUNE KAILES: All hazards.

5                   LISE HAMLIN: I think it's so new that  
6           it's actually an art. Some people -- again,  
7           because I know I get it from three  
8           jurisdictions, some people really know how to  
9           succinctly put that message across and they  
10          do really good jobs, other people need two  
11          messages to get it through. It's not  
12          something that I think is -- they may  
13          legislate something to make that larger, but  
14          I don't know anything in the works on that.

15                   It's a technical problem, maybe the  
16          messages will be able to be a little lather  
17          but it's also a skill that people emergency  
18          managers really need to know exactly what are  
19          you telling people, you need to get the  
20          important information across, you need to be  
21          alerting people without scaring them, it's a  
22          real skill. You know, you can't scare them,  
23          you have -- but you know what action to take  
24          and not just any action exactly what they  
25          need to be doing.

1                   So, I give a lot of credit to the  
2                   people who have already mastered this art.

3                   MS. CHERYL HEPPNER: We are all know  
4                   the fact that some people have to pay for  
5                   every text message that they receive.

6                   LISE HAMLIN: Any other questions?

7                   MS. CHERYL HEPPNER: You have been a  
8                   good audience, I think we can give them some  
9                   praise.

10

11                   (Applause)

12

13                   MS. SIMMONS: Let's see a show of hands  
14                   of everybody that's cold in the room.

15                   We have asked them several times to  
16                   turn up the heat and we will continue to try  
17                   and get it up for the next panel. And I  
18                   apologize.

19                   We have the commissioner of department  
20                   of rehabilitative services who will be here,  
21                   Department of Aging, Department of Mental  
22                   Health, bill Armistead and several people  
23                   from the governors office, the Latino liaison  
24                   for the governors office. So it should be a  
25                   very good panel of state folks and I'm hoping

1           we get the room warm enough for you so you  
2           have a break until quarter after. Okay. And  
3           thank you again Lise and Cheryl.

4                   MS. CHERYL HEPPNER: Thank you.

5

6                   (Short break taken)

7

8                   MS. SIMMONS: Hello everyone. I think  
9           we have gotten it warm in here, but it looks  
10          like we have lost a few folks to the colt.

11                   If you want to move up closer, please  
12          feel free to, so we can get some discussion  
13          going. Once we hear our speakers on the  
14          panel, and first I'm going to introduce our  
15          facilitator, Rebecca Feaster, and she will be  
16          here throughout the conference not only  
17          today, but at our main conference, and  
18          Rebecca Feaster is standing over here against  
19          the wall, okay. And Rebecca has spent her  
20          career in public information working for law  
21          enforcement agencies including the Virginia  
22          State Police and the US Air Force, and also  
23          the Rockville Police Department. Currently  
24          she is a consultant with FEMA, the Virginia  
25          department of emergency management and the

1 Department of Justice, her focus is on  
2 community collaboration, collaborative  
3 problem solving Nationwide. I apologize for  
4 that little tongue twister there and I would  
5 like to introduce Rebecca Feaster.

6 MS. REBECCA FEASTER: Thank you,  
7 Suzanne. Try to say that about 12 times over  
8 and over again.

9 Well, it's the afternoon, we have all  
10 had a little bit of caffeine and a little bit  
11 of sugar, so this is the last phase, but this  
12 is going to be a really wonderful phase  
13 because we have some terrific speakers who  
14 are going to be talking about needs, gaps and  
15 solutions. Is so I'm really looking forward  
16 to this discussion. First speaker up and I'm  
17 going to do it from left to right, the first  
18 speaker is commissioner Jim Rothrock. He is  
19 a commissioner of the department of  
20 rehabilitative service asks he's been there  
21 for three and a half years and he's going to  
22 be discussing the conversion of Fort Pickett  
23 to Town Pickett, so I'm really looking  
24 forward to hearing about that process.  
25 Second up is the lovely Faye Cates, who is

1 the human services program coordinator for  
2 the Virginia department for aging for  
3 seniors. And she's been with that department  
4 for 16 years and you told me you were with  
5 state government for 24 years and she's  
6 already start her count down for retirement.

7 MS. FAY CATES: 2011.

8 MS. REBECCA FEASTER: So, we are really  
9 looking forward to what she has to say, the  
10 role that the agency has during these  
11 disasters, and also the challenges that are  
12 involved in dealing with seniors during a  
13 disaster.

14 And then next up we have Bill  
15 Armistead, he is the director of disaster  
16 preparedness and response with the office of  
17 planning and development. Department of  
18 Mental Health, mental retardation and  
19 substance abuse service right here in  
20 Richmond. He's been in this field for over  
21 19 years. So we have quite a bit of  
22 experience at the table right now.

23 And he ran most recently ran the  
24 community reliance Crisis Centre which  
25 counsel people after hurricanes Isabelle,

1           Floyd and 9/11, 10 I'm really looking forward  
2           to what he has to say.

3                   Also, next to Bill is Maribel Ramos --  
4           did I switch. I'm sorry, you are both  
5           beautiful ladies, so let me make sure you  
6           guys are the right names. That's not  
7           Maribel. Maribel is at the end. And the  
8           other gorgeous lady to Maribel's left is Rupa  
9           Somanath. She is with the governor's office  
10          and she is the Asian liaison with the  
11          governors office and she is going to be  
12          talking a little bit about that.

13                   So, thank you very much for coming.

14                   And our final panelist is Maribel  
15          Ramos, who is the Latino liaison at the  
16          Governor's office. She's been there for  
17          three years and prior to that she worked in  
18          the DC national coalition against domestic  
19          violence. So, she brings a wealth of  
20          information and experience so we are looking  
21          forward to is hearing what you have to say as  
22          well.

23                   So without further ado, without  
24          listening to me make any pho pause in  
25          people's names or orders, or retirement dates

1 I'm going to turn things over to commissioner  
2 Jim Rothrock.

3 MR. JAMES ROTHROCK: Thank you very  
4 much it's indeed a pleasure to be here this  
5 afternoon and hopefully be able to share some  
6 of my experiences with you that relate to  
7 emergency preparedness for all citizens. You  
8 must admit before Katrina I knew nothing  
9 about this Tom I can, which will not qualify  
10 me to come here speak at all.

11 However, during the Katrina exercise, I  
12 found out that there was a great deal that I  
13 learned during that during that exercise and  
14 I would like to share some of that with you.  
15 Is all of the equipment working E first off,  
16 in driving over here from our office I was  
17 thick about what I can say and I remembered a  
18 presentation I had heard a couple years ago  
19 with Rudy Julianni who at that time had just  
20 finished being the mayor of New York and had  
21 written a book on leadership. And in his  
22 book and in the lecture that I heard, he note  
23 several characteristics of leadership. And  
24 I've got them written down back at work. I  
25 don't remember them all. But one was to be

1 an effective leader, you need to assure that  
2 the people you work with have a rigorous  
3 preparation for the task at hand. And that  
4 resonated with me throughout the Katrina  
5 exercise because that was critical or the key  
6 factor there was being prepared, but you  
7 really don't know how to be prepared unless  
8 you try things over and over and over again.

9 And rigorous and repetitive  
10 preparedness in anticipation of what do you  
11 is really vital to that.

12 I remember on a Tuesday after Katrina  
13 had hit, I believe on Sunday, I was at an  
14 agency head meeting, thinking that it was  
15 going to be a routine agency head meeting, I  
16 would go, ill take a bunch of notes I would  
17 go back to my office and do what I typically  
18 do. However, as soon as I got there, I found  
19 out that the next several days were going to  
20 be vastly different because I needed to be at  
21 Fort Pickett tomorrow morning at the time to  
22 begin going around the fill and my task would  
23 be to make sure that if anybody came from the  
24 Southern States that were affected, that fort  
25 P I C K E T T soon to be town pick would be

1 accessible and usable by then.

2 Again, not having a clue as to what I  
3 would do, it was fairly frightening, but I  
4 figured if I could pull on some of our  
5 talented staff we might be able to stumble  
6 through this. One of the things that I think  
7 we need to recognize and that Secretary Woods  
8 and Governor Warner realized very quickly is  
9 that you can't expect a large group of people  
10 or in fact a small group of people to come to  
11 you and not have some degree of what I will  
12 refer to as special needs. Everybody is not  
13 going to be coming in in a homogenous need  
14 category, there are going to be needs all  
15 over the chart. And as you will be hearing  
16 today, we need to be thinking that far and  
17 thinking not necessarily of just how we can  
18 serve a large number of people with a few  
19 special need cases, but also in my opinion,  
20 rigorously preparing to serve large numbers  
21 of people who have some type of different  
22 needs. And in fact, if you think about a  
23 situation similar to what that which we  
24 almost faced, everybody had some degree of  
25 special needs.

1                   One of the things that we look at every  
2                   quickly that we were able to bring about was  
3                   the first thing that I did was I had an  
4                   engineer with me and we went and identified  
5                   all of the buildings and the military staff  
6                   at Fort Lee were incredibly responsive to  
7                   making sure that when we needed to remove a  
8                   door, when we needed to put a ramp on a  
9                   building, when we needed to make some  
10                  physical accommodation, that they did that.  
11                  And they welcomed the opportunity to do that.

12                 At Fort Lee -- at Fort Pickett, soon to  
13                 be Town Pickett, we saw that there were  
14                 several building fairly close to be  
15                 accessible from a physical perspective and  
16                 that wasn't that difficult to low some ramps  
17                 around and secretary woods was very vigilant  
18                 in making sure that every place we might need  
19                 one we got one. And with her permission to  
20                 do that, and with the mill temporaries  
21                 receptive necessary to that, we were able to  
22                 go about putting temporary ramps wherever we  
23                 needed. And virtually that was everywhere  
24                 that people might go because we want to make  
25                 sure that the entire experience was

1 accessible and usable for anybody that came  
2 along.

3 We also worked with the Department for  
4 the Deaf and Hard of Hearing to make sure  
5 that there was some communication devices on  
6 site, the types of devices that are  
7 amplification devices or devices such as the  
8 TTY, technology that can be hooked up to a  
9 phone.

10 The people at deaf and hard of hearing  
11 also were thinking ahead and brought tons of  
12 batteries, because if you had an evacuee who  
13 used a hearing aid, likely they might be  
14 running low on batteries. They would  
15 probably have their device but might not have  
16 their batteries. so we were prepared in that  
17 way. The department for blind and vision  
18 impaired gave us large numbers of white canes  
19 and other types of visual device that is  
20 would allow somebody knob visual devices that  
21 would allow somebody to receive communication  
22 in something other than written format. And  
23 we were able to brail, bring about  
24 interpreters who we had on contract, pull in  
25 the different types of device that is we had.

1           Woodrow Wilson rehab center was another  
2           valuable resource to us that that they gave  
3           us tons of walkers and wheelchairs and canes  
4           and if anybody needed something, we had it.

5           Our task that we thought we should be  
6           responding to if there was a need we should  
7           anticipate that need and, try to provide  
8           whatever devices that they had.

9           So, pretty soon we looked out and saw  
10          that Fort Pickett had indeed become Town  
11          Pickett a town that was fairly accessible.  
12          Within 24, actually it was 48 hours. It went  
13          from being pretty inaccessible able to being  
14          fairly accessible in 48 hours. In fact, one  
15          of the people I was working with were looking  
16          out and said can you believe that we are such  
17          a seismic change in the community in 48  
18          hours, there's been some communities we have  
19          been working on for 48 years that we haven't  
20          made such progress on. Little Katrina was  
21          something that helped in that regard.

22          When we were working at Town Pickett  
23          one of the things that I tried to convey was  
24          that when you were looking at defining a  
25          process for processing individuals through a

1           system and making sure that they had their  
2           identification and making sure she had  
3           benefits that were there, we did not want to  
4           have a special process identified and  
5           developed for people with special needs.  
6           They had lots of processes, again, to get  
7           your documentation that you need to file for  
8           unemployment to do those types of things. It  
9           was our job to try to make sure that  
10          people could access those services. And the  
11          most valuable resource that we had regardless  
12          of making the physical plant and the  
13          communication system accessible was we had  
14          people on site that were able to upon call if  
15          anybody had shown up, to be able to look out  
16          on a group, anticipate who the disabled  
17          individuals were and then go with them and  
18          help them go through the regular processes.  
19          Very similar to the legal process in the  
20          Americans with Disabilities Act. Wherein you  
21          don't make special things necessarily, but  
22          you accommodate those things and processes  
23          that you do have.

24                 And we found that that would have  
25          worked fairly well, and we had the people

1           that would make it work well. And they new  
2           how to effectively deal with somebody with  
3           visual or site or communication or cognitive  
4           disability.

5                     Getting back to Juliani's thing about  
6           rigorous preparation one thing that I would  
7           strongly encourage any future reference to do  
8           is to make sure that you have got people with  
9           disabilities involved in the preparation.

10                    One of the best things that happen for  
11           us at Town Pickett was a couple days after  
12           everything was up and running, we just had a  
13           walk-through and we had about 10 individuals  
14           who assumed some type of a character that  
15           would likely represent most of the types of  
16           needs that we would get from Al bam,  
17           Mississippi and Louisiana. And they went and  
18           just tested the system. And that is where we  
19           found that regardless of how well we can  
20           address equipment or the physical  
21           environment, or the communication system, it  
22           still gets down to the people that implement  
23           that. The best example was two of our staff  
24           people assumed the role of two sisters from  
25           New Orleans, one of whom was slightly hearing

1           impaired. All of those were cranky as they  
2           can be because they had been moved all over  
3           the United States, that was the scenario and  
4           they were all pretty short tempered,  
5           regardless of the hearing problem, they were  
6           short tempered, they were tired.

7                   And looking at those individuals go  
8           through the situation and having the two  
9           people that worked with me on the scenario,  
10          presented such a unique problem we quickly  
11          saw where the people involved with providing  
12          the services to Katrina evacuees were the  
13          critical part. And having somebody that  
14          understood disability advocacy and disability  
15          efforts and disability systems on site was  
16          the really critical piece & in closing that's  
17          what I would, again, encourage you to do. To  
18          make sure that no matter what you do on the  
19          front end and hopefully you are involved in  
20          rigorous preparation as mayor J would advise,  
21          but make sure that you've got people with  
22          disabilities involved in that exercise, and  
23          if you do, you will see that if and when the  
24          day comes for your.

25                   Where your people need to step up to

1           the plate, they will then be able to respond  
2           to the real needs based on the anticipated  
3           exercises that they would have gone through  
4           and if that is indeed the case, they will be  
5           much more able to provide the services that  
6           are absolutely necessary in such a situation  
7           where you are beginning to establish order  
8           into a very chaotic scenario. I look forward  
9           to some of your questions later on but I will  
10          now pass it on to our next speaker.

11                   MS. FAY CATES: Good afternoon. I am  
12          Faye Cates with the Virginia Department for  
13          the Aging, and I want to give you just a very  
14          brief overview of the aging network. In  
15          Virginia, each state has a designate state  
16          unanimous in on ageing and in Virginia it is  
17          the Virginia department for the aging. We  
18          are a federally funded agency receiving our  
19          funding from the US administration on aging.

20                   And we also receive general funds from  
21          the state for every targeted programs such as  
22          transportation, in home services and home  
23          delivered meals.

24                   Our target population is individuals  
25          aged 60 and older, we do not charge for our

1 services, however, we serve those in the  
2 greatest need.

3 Secondly, our next part of the aging  
4 network is Virginia 25 area agencies on  
5 aging. And from this point forward I will  
6 refer to them as the triple As. And the  
7 triple As providing aging services on the  
8 local level. They are responsible for  
9 designing programs, implementing programs and  
10 coordinating aging programs on the local  
11 level.

12 You will find in our triple As a range  
13 of home and community based care services,  
14 such things probably are most important  
15 services information and referral. People  
16 calling, asking where services are in the  
17 community, secondly in home services,  
18 congregate meals, we have health promotion  
19 and wellness programs through our senior  
20 centers and probably transportation is our  
21 one of our more highly demanded services just  
22 to name a few.

23 I have placed on the table a few  
24 brochures from my department, and we have an  
25 exhibit here at the conference where you can

1           also get brochures if you don't have enough  
2           to go around. Our website is  
3           [www.vda.virginia.gov](http://www.vda.virginia.gov), or you can go and find  
4           information about the range of home and  
5           community based services provided through  
6           your local area agency on aging. And also  
7           you will be able to find a listing of the 25  
8           area agencies on aging. They are set up  
9           according to planning districts throughout  
10          the state.

11                 Now, a little bit about the triple A  
12          emergency preparedness coordination.  
13          Probably one of the major things our triple  
14          A's do is assist seniors in preplanning for  
15          severe weather conditions, for example, we  
16          disseminate quite a bit of print material  
17          about severe weather and I put on the table  
18          just an example of such an item we would  
19          distribute on severe weather. Of course, we  
20          know in helping seniors pre plan for, say,  
21          hurricane, we tell them they are going to  
22          need flashlights with batteries, canned food,  
23          bottled water, battery operated radio, and  
24          enough prescription that is are available to  
25          carry them for several days.

1                   In many localities our area agency on  
2                   age religious part of the CERT team. If you  
3                   live in Appalachia or Mount Empire, our  
4                   agency in Shenandoah, and Culpeper are part  
5                   of CERT teams.

6                   Area agencies on aging have also  
7                   participated in emergency preparedness  
8                   exercises in the county, and they attend a  
9                   regular.

10                  Regular meets and certain employees are  
11                  on a contact list if they are needed during a  
12                  natural or other disaster.

13                  Forever those area agencies that  
14                  operate adult day care centers, families are  
15                  advised to always have on hand there two  
16                  change of clothing and of course we would  
17                  have water and food to maintain them for  
18                  several days in case they have to shelter in  
19                  place.

20                  My Fairfax area agency on aging tells  
21                  me the county has a harmony database which  
22                  provides list of persons who are identified  
23                  as at risk during a disaster due to medical  
24                  conditions or just a lack of support. And  
25                  this database is used throughout the adult

1           and aging services in Fairfax County. This  
2           information -- this list also provides  
3           contact information for any person who is  
4           listed on there as at risk.

5                   I think in terms of emergency  
6           preparedness, and the area agency on aging  
7           involvement, you are going to find that in  
8           three areas. And that is identifying the at  
9           risk population, transportation and, food  
10          distribution. During the time of severe  
11          weather, some area agencies on aging will  
12          mobilize their entire staff to contact  
13          persons, to make sure that they are aware of  
14          pending severe weather, some area agencies on  
15          aging serve on the local try add teams by  
16          deliver delivering emergency medical  
17          information, flashlights, beacon lights, just  
18          supplies they should have around the house,  
19          even fire extinguishers. Through the air  
20          agency on aging, assessment process, those  
21          seniors with special needs are identified and  
22          their need requirements are recorded so in  
23          the case of a severe weather or other local  
24          emergencies, information is readily available  
25          to mobilize the assistance needed.

1           Each senior contacting the area agency  
2           on aging doesn't necessarily generate a  
3           complete client assessment because he or she  
4           very well may not need it. But we try to  
5           target those that have multiple medical needs  
6           and attract those.

7           Now, if you work in human services you  
8           are probably aware of the uniform assessment  
9           instrument. This is the client assessment  
10          tool used to assess client needs all across  
11          the states long-term care system. And this  
12          is the tool used by our triple As and it will  
13          have information about a seniors formal or  
14          informal support system, or lack of,  
15          information about their physical environment,  
16          their functional status, their nursing needs,  
17          it will have information about their  
18          diagnosis and medication, and their  
19          psychosocial and emotional status.

20          And the triple As will upgrade this  
21          information on a six-month basis.

22          Having this information is on file is  
23          critical during an emergency when an  
24          emergency response is needed. And in some  
25          localities, for example out in the southwest,

1           our agency in cedar bluff, they have -- they  
2           are able to transmit this information  
3           electronically to the EMS office and 911  
4           centers for follow up during times of say,  
5           blizzards or floods.

6                   Our area agencies on aging tell us that  
7           local law enforcement has been great to work  
8           with, they partner to go out and check on at  
9           risk seniors to make sure they are safe  
10          during natural or other disasters.

11                   In many communities, area agencies on  
12          aging are the primary transportation provider  
13          and that's particularly in the rural areas.  
14          so during disasters, or severe weather the  
15          trim A transportation fleet may assist in  
16          providing emergency evacuation for seniors in  
17          nursing homes to local shelters or medical  
18          facilities and some fleets are used as back  
19          up for the public school systems in getting  
20          students to shelters as well.

21                   Most of our area agencies on aging will  
22          have wheelchair lifts so they will be  
23          equipped to transport those individuals who  
24          are wheelchair bound or have otherwise limit  
25          mobility. Our triple A drivers are trained

1 in CPR and the use of automatic electronic  
2 defibrillators, and we usually work in  
3 partnership with the health department or the  
4 local Red Cross in getting our drivers  
5 trained in that kind of equipment.

6 Food distribution is a big part of the  
7 area agency effort to support local  
8 communities during local disasters. As you  
9 know, we have through the area agency on  
10 aging we have home delivered meals, we have  
11 the area agencies will provide meals at  
12 congregate meal sites, some many of them are  
13 locate at senior centers or some in churches  
14 or local community buildings. Our care  
15 coordinators or case managers some of you  
16 might refer to them are aware of where these  
17 meals are being delivered so in times of a  
18 severe weather, they will follow up every  
19 quickly to make sure that those who are  
20 homebound and need meals have meals in place  
21 and will actually go out and carry meals to  
22 people who need them.

23 For the homebound, they are usually  
24 checking to see that there's a supply of  
25 regular or diet meals, she have staple meals,

1 liquid supplements, that are available to for  
2 several days, and our area agencies also work  
3 with local communities to provide meals at  
4 local shelters as well.

5 Other efforts, our agency in Culpeper,  
6 the Rappahannock Rapidan Community Services  
7 Board our area agency on aging is located  
8 under mental health agency. And so they also  
9 work with that particular agency right now is  
10 working on a project to create home emergency  
11 preparedness kits for seniors so they are  
12 well informed and well prepared should a  
13 disaster strike.

14 Being the local mental health provider,  
15 that particular agency in Culpeper also  
16 provides disaster mental health training to  
17 all of its agency staff.

18 Senior connections capital area agency  
19 on aging here in Richmond has recently  
20 conducted a survey in Charles city to  
21 identify special needs seniors and they are  
22 want to go compile a database of this at risk  
23 population so they will have it on hand  
24 during times of emergency. And I understand  
25 that senior connection sincere working with

1 the Chesterfield County also in developing  
2 the same kind of database of at risk seniors.

3 So what are some of the needs,  
4 challenges and gaps in-services?

5 Well one is identifying those seniors  
6 who are socially isolated, who have no formal  
7 or informal support system, because these  
8 will be the seniors who will fall through the  
9 cracks if their neighbors are not aware of  
10 their needs. And I hear the lady they were  
11 talking about the quadriplegic who drowned  
12 during Katrina, you know, it is very  
13 disturbing that none of the neighbors thought  
14 to check on this lady.

15 Our agency in I ever Anna, bay aging  
16 tells us that a rural emergency prepare  
17 necessary is different than in urban areas.  
18 And depending on the geography, they have  
19 been able to -- have been unable to get  
20 emergency meals into the homebound, and one  
21 major problem is just the condition of the  
22 roads in rural areas whether they are  
23 passible or not. so that's certainly a  
24 challenge for those triple As in rural areas.

25 A major challenge is to get seniors to

1           several register with local emergency  
2           responders. There is been some concern about  
3           privacy issues, but I think with the proper  
4           intervention, those can be resolved with some  
5           Ernest discussion about what the person's  
6           needs are in times of a disaster and what  
7           type of services they require in times of an  
8           emergency.

9                     Having seniors to identify as a special  
10           needs during an emergency may be a challenge  
11           because most older folks don't consider  
12           themselves special needs. They just feel  
13           like they are just getting up in years. So,  
14           this, too, may be a challenge for some to see  
15           themselves as needing special help during a  
16           time of emergency.

17                    We are encouraging our area agencies on  
18           ageing to get involved with their citizen  
19           emergency response teams to be a part of that  
20           network, to be at the table to make sure that  
21           the needs of the aging are addressed, so I  
22           think that's really going to be a big push  
23           for my agency this coming year is to make  
24           sure that they have identified the CERT  
25           network on the local level.

1                   And that's it. I look forward to your  
2                   questions.

3                   MR. BILL ARMISTEAD: Hi. General, I'm  
4                   Bill Armistead with the Department of Mental  
5                   Health, mental retardation substance abuse  
6                   services. And I want to tell you a little  
7                   bit about our service system. Our services  
8                   are delivered at the local level through 40  
9                   community services boards across the state.  
10                  We also have 16 facilities around the state.

11                  Basically the premise as that we deal  
12                  with in disaster mental health, this is the  
13                  basis for all disaster mental health is that  
14                  you are dealing with people have a normal  
15                  reaction or reactions to a very abnormal  
16                  situation. And I think that's important  
17                  because the populations that when there's not  
18                  a disaster going on, that our department  
19                  service basically they need the same thing  
20                  that everybody else needs, if they have in a  
21                  disaster they need the housing, they need the  
22                  food and that's the kind of help that they  
23                  need. So, they basically need what everybody  
24                  needs. They are people and that's it and  
25                  they want to be consider as people and that's

1           the way we want to see them first, simply as  
2           people.

3                   Our primary response of our community  
4           services boards is something called the  
5           crisis counseling program. And that's we are  
6           able to draw down when there's a major  
7           disaster federal funds to higher and train  
8           indigenous people in the area impact by the  
9           disaster to function as paraprofessionals to  
10          provide services to the population. And  
11          that's a very -- it's less applicable in  
12          Katrina where you have folks coming from  
13          another state. But it's a very good program  
14          to deal with things like Isabelle or 9/11 or  
15          this kind of thing because have you people  
16          helping people. And most of the help that  
17          folks need is very practical help many times.  
18          We focus on special populations of all types  
19          whether it's aging, children, the disabled,  
20          following a disaster, but in truth, a lot of  
21          the help provided to everyone is more of a  
22          practical nature rather than a therapeutic  
23          nature. I mean, in disaster mental health,  
24          and maybe some of the other folks up here  
25          it's the same type of thing, we even talk

1           about the second disaster, and the second  
2           disaster is the bureaucracy that follows the  
3           initial disaster in dealing with the  
4           paperwork and the FEMA forms and this type of  
5           thing and at a time when also mass confusion  
6           and people are disoriented and this type of  
7           thing. A lot of times it's our folks along  
8           with the other agencies up here, I guess in  
9           responders that go out and did an Outreach  
10          program and help do that.

11                 We have done that, we have done this  
12          type of thing in Virginia unfortunately, I  
13          don't know what the statistics are, but two  
14          years ago, Virginia was the fifth most likely  
15          place to have a natural disaster in this  
16          country. A lot of people don't realize that,  
17          so our community services board,  
18          unfortunately, in some ways but from a  
19          training standpoint in this type of thing  
20          have in most area of the state have a pretty  
21          good history of responding and doing crisis  
22          counseling programs. After 9/11 in Northern  
23          Virginia it went on for two-and-a-half years.  
24          Distribution of almost half a million pieces  
25          of literature in multiple languages. I also

1           our experience, I can echo what commissioner  
2           Rothrock said is basically you can't just  
3           take a piece of equipment or whatever, it's  
4           people helping people. And that's kind what  
5           have I'm trying say. If you can higher the  
6           disabled to help the disabled, whatever, you  
7           have to be cultural sensitive in dealing with  
8           diverse populations. So, I mean, we have  
9           seen this through different events, through  
10          9/11, through the serial sniper that I guess  
11          we all went through and hurricane Isabelle  
12          and others.

13                 So, we have a lot of information,  
14           unfortunately I don't know what the website  
15           address is or I can't remember for the  
16           Department of Mental Health. But on our  
17           website, although it's key to terrorism, but  
18           it's called helping to heal, and the whole  
19           document is available on the website and it  
20           has pieces, I look at some of the materials  
21           that I think were passed out at this  
22           conference, it talks from the Red Cross and  
23           preparedness and personal prayers Ned kit, a  
24           lot of this information is in here and even  
25           down to things for paraprofessionals and

1           folks, what to say to somebody what, not to  
2           say to somebody. And cultural sensitivity  
3           this, type of thing. Is all in this  
4           document. And we have made this available to  
5           some other agencies, sister agencies and to  
6           other states across the country, including  
7           New York.

8                        So, anyway, we have a history of  
9           responding, we I think we have pretty much we  
10          are working in training all the time, that's  
11          some of the gaps that doesn't mean we can't  
12          get better, it also, you know f there's  
13          certain types of disasters, one of the  
14          challenges is that it seems like there's  
15          always something else being kind of thrown at  
16          you. Katrina was a little different when you  
17          start evacuating people from the Gulf Coast  
18          to Virginia is different than anything I have  
19          ever seen in 19 years and anything that we  
20          had really primarily developed plans for and  
21          we had to respond pretty quickly for that.

22                      One of the thing is this Avian flu and  
23          trying to deal with that type offing and how  
24          that impacts some of the other traditional  
25          responses. What happens if you had Avian flu

1           going on and you had to evacuate and shelter  
2           people in a hurricane. I mean, there's some  
3           real complex issues?

4           THE WITNESS: The whole world got just  
5           a whole lot more complicate, so I'm not  
6           frying to say we know everything but we are  
7           working on it and we have done, I think, a  
8           pretty good job of responding up to this  
9           point.

10           And we will continue to work on it.  
11           And I look forward to your questions, too,  
12           and now I will pass it on.

13           NEW SPEAKER: I'm Rupa so many I work  
14           in gov warn he understand office as a Asian  
15           Lee agency on I also work in the secretary to  
16           the Commonwealth office doing various  
17           appointments to the boards and commissioner  
18           that is are out there. Some of these  
19           agencies have boards and commission with we  
20           help to find people to serve on those boards.

21           MR. JAMES ROTHROCK: And we thank you  
22           for that.

23           NEW SPEAKER: Thank you have. Part of  
24           that is doing the Outreach to all of these  
25           communities and also the minority

1 communities. So, what I want to start off  
2 telling but is just one statistics about the  
3 Asian population here in Virginia. During  
4 the 1990 census and the 2,000 census it had  
5 grown 62 percent, the Asian population had  
6 grown 62 percent in Virginia. And it now I'm  
7 sure is much larger than that. But that was  
8 the last statistics we have. But it is then  
9 3 point 7 percent of Virginia population and  
10 obviously in places like Fairfax County it is  
11 much larger than some of the rural community,  
12 perhaps Martinsville or other areas.

13 I work with the Virginia Asian advisory  
14 board one of those boards that we do appoint  
15 to and I work with them to create sort of  
16 public forums so we can find out what issues  
17 are important to the Asian community. And we  
18 have found that they are very similar to most  
19 of the population of Virginia. They don't  
20 differ too terribly much. But public safety  
21 is one issue that always comes up. And  
22 sometimes it's not just about the disaster,  
23 it's about being prepared, and I think that  
24 commissioner Rothrock talked to that a little  
25 bit as well, being prepared prior to the

1 disaster. And the diversity of language and  
2 heritage and the tradition that is go along  
3 with being from another culture always come  
4 up as a major issue. And obviously there are  
5 some trust issues as well in terms of  
6 immigration, I think we all have read about  
7 those at some point.

8 So, you know, you can't expect just  
9 because you have hired a Filipino police  
10 officer, let's say to handle all of the Asian  
11 population in the area. That he or she will  
12 be able to help and understand the needs of a  
13 Chinese family. But, there is a mutual  
14 understanding in diversity of culture that  
15 does help to bridge the gap and certainly  
16 hiring practices are something that would  
17 help in the long run.

18 And the other thing I touched upon was  
19 the lack of trust for government or police.  
20 And that doesn't stem from being here in the  
21 US for the Asian population at least, it  
22 certainly systems from back in their home or  
23 their home land, there is you know, there's  
24 corruption in government and government Al  
25 officials and the police. so when they are

1 coming here to make a better life, that's  
2 something that they don't understand has  
3 already been changed or that they haven't had  
4 to deal with. So, they end up seeking out  
5 care from family groups or community  
6 organizations rather than going to some of  
7 the various agencies or state governmental  
8 officials that they can turn to.

9 And without more interaction between  
10 the Asian population and those of you that  
11 respond to disasters and that deal with  
12 public safety issues, that trust gap is not  
13 going to be filled. Because you have to get  
14 out there to actually meet with these folks  
15 for them to understand what you do.

16 In the Asian community one of the  
17 topics is that their children are really sort  
18 of their future and just like any other  
19 population, I think, that the children are  
20 one way that you can really reach out to this  
21 community and bridge that gap prior to a  
22 disaster, prior to any kind of tragic event  
23 that may occur. And that is by sort of going  
24 out and being part of the groups that you  
25 know, there are various festivals like in

1           Roanoke there's the local colors festivals  
2           that bridges a lot of different cultural  
3           communities, in Richmond there's the festival  
4           like family Olympics in the Asian community.  
5           So, you can go out to those things and sort  
6           of talk about the dare programs in schools.  
7           Because while the children may be learning  
8           about it, they may not be taking that back to  
9           their parent, they may be talking about  
10          report cards or mathematics what the parents  
11          think are important. But unless they know  
12          about the dare program or fingerprinting  
13          children that goes on with children at the  
14          state and public safety officials have spent  
15          a lot of time investing in and other safety  
16          issues that are geared to their youth  
17          populations than you are going to be able to  
18          bridge that gap a little bit more so when an  
19          emergency situation does come up, they are  
20          more apt to go out and seek assistance of  
21          these folks that they have met through these  
22          community functions before.

23                   And they are going to also be able to  
24                   respond better as people come knocking on  
25                   their door or people are saying come into

1           this shelter or, a lot of times people of  
2           Asian community at least, they may not feel  
3           comfortable going into a shelter, for  
4           instance, as an Asian woman who is new to  
5           this country, they may not feel comfortable  
6           going into this shelter with men who are not  
7           from their community or even if they are from  
8           their community, unless they know that there  
9           are going to be other people there that they  
10          know from their church organizations or from  
11          their neighborhoods because a lot of times  
12          these people live in close proximity of each  
13          other and have part of the church groups and  
14          things.

15                 So, if there is a possibility of making  
16                 sure that folks are aware, it's not just  
17                 going to be them, they are not going to be  
18                 the only face that think recognize at these  
19                 shelters, then perhaps you will get a better  
20                 response from the Asian population when you  
21                 actually have a disaster occur.

22                 Another situation that I think comes up  
23                 a lot with the Asian community is again  
24                 language. And elderly folks who may not know  
25                 much about the deposit of aging because they

1           certainly didn't have that when they were  
2           growing up and they have come over and a lot  
3           of elderly folks now are still first  
4           generation or have come over with their  
5           families and take care of very young children  
6           in their homes and they have no one speaking  
7           English in their homes. And so when an  
8           emergency does happen, there's no one  
9           watching CNN or CBS or channel 12, so there's  
10          no way to get the information to the people  
11          immediately. And I think if we can work with  
12          the communities to reach out to their  
13          churches, their temps, their community bases  
14          and ask them to create sort of a preemptive  
15          strike, a phone tree, an e-mail tree,  
16          something where people can pick up the phone  
17          and explain to their community in their  
18          language, so they are comfortable with it  
19          what the procedure is to deal with the  
20          tragedy or the situation that has arisen, it  
21          will disseminate that information so much  
22          more quickly than if with we injure just  
23          trying put it on your regular TV channels  
24          where there's no one speaking English, they  
25          are certainly not listening. And nowadays

1           there are actually Asian radio stations you  
2           may heard them on PBS or other AM radio  
3           station asks now there's also Asian TV. So,  
4           literally when you go into some of these  
5           homes there's actual, you know, there's TV  
6           stations that are just speaking in their  
7           language and those are great outlets for us  
8           to use to get information to those  
9           communities.

10                 So, I think there are definite  
11           barriers, but there are certain solutions and  
12           think they are all very much need to be dealt  
13           with prior to any sort of big tragic event.

14                 Hitting here in Virginia.

15                 And a lot it is that the communities  
16           are very tight knit. So you can use that to  
17           your to best of your ability by disseminating  
18           the information through those communities,  
19           finding community and cultural leaders, going  
20           into the churches, going into the community  
21           organizations prior to any sort of disaster  
22           happening.

23                 So, I look forward to your questions  
24           and will be glad to answer them as they come  
25           up.

1 MS. MARIBEL RAMOS: Good afternoon. My  
2 name is Maribel Ramos, I'm the Latino liaison  
3 to Governor Mark Warner for the past three  
4 and a half years. This position was  
5 basically create as governor warner saw the  
6 need in the Latino community as far as  
7 increase in population.

8 His main focus was to make this the  
9 most diverse administration and he has  
10 succeeded with Rupa's help as well in  
11 appointing more Latinos on the boards and  
12 commissions. Creating this position he has  
13 also been the -- he was also the first  
14 governor to pro claim Latino Hispanic  
15 heritage month. He has hosed many reception  
16 ins honor of this community. He has also  
17 create the Latino advisory commission which  
18 is similar to the Asian advisory board. Our  
19 commission consists of about 21 members  
20 representing different geographic locations  
21 and representing various job secretaries.  
22 This commission has held meetings across the  
23 state and has had open forums where the  
24 community can come and present their concerns  
25 and an opportunity for this commission to

1           actually develop a relationship with these  
2           communities outside of Richmond, or outside  
3           of your Northern Virginia areas.

4           It's also very pertinent for this  
5           commission actually to get information from  
6           the state out to these communities that  
7           otherwise would not have heard of these  
8           different state programs that might be  
9           available.

10          My job really has been to provide a  
11          link between state and the Latino community  
12          of Virginia working with various leaders in  
13          trying to gain trust within the community,  
14          also attending various meetings and dealing  
15          with a lot of organizations that really  
16          represent these communities.

17          Also, being bilingual staff member in  
18          the constituent services office has also help  
19          in Outreach to the Spanish speaking  
20          community. Some demographics of the Latino  
21          community, according to the 2000 US census  
22          Virginia ranked 16 nationally with its total  
23          Hispanic population size.

24          Currently, well, according to the 2000,  
25          again, US census, there are 329,540 Hispanic

1           Latinos in Virginia. And, again, that's in  
2           2000, so right now it's probably doubled or  
3           tripled that. Fairfax county actually has  
4           the large earn Latino Hispanic population in  
5           the comment wealth with a size of about  
6           160,968 and again that's that according to  
7           the US census. So, right now that's again,  
8           probably double or triple, and Arlington  
9           County ranks with the second largest at  
10          35,268. And some other statistics I guess  
11          that are important, are the percentage of  
12          foreign born population in US have Latin  
13          American amounts to 18 point 3 million people  
14          and that's nationally.

15                 I don't want to bore you with a lot of  
16          these demographics, but a lot of these it is  
17          very important just to seat increase in  
18          population in Virginia as well as  
19          United States as a whole.

20                 Some of the needs in our community  
21          according to the US census again, there are  
22          31 million US residents age five and older  
23          that speak Spanish at home, and according to  
24          the joint legislative audit and review  
25          commission reports three of the primary needs

1           that they came up with are need to  
2           opportunities to improve English proficiency,  
3           language barrier, I'm sorry, need for  
4           opportunity to improve English proficiency  
5           and of course they saw language barrier as  
6           being one of the greatest challenges of this  
7           community. Of course this effects health,  
8           education and public safety.

9                     And very basically very different area.  
10          Need for interpreters and translation  
11          services is another need that the reports  
12          reported. The other one is the need for  
13          affordable healthcare.

14                    Also, the Virginia Latino advisory  
15          commission actually present a report to the  
16          governor on 12 different areas which  
17          include -- well, actually they narrowed that  
18          did you know to 7 which include business,  
19          education, health, identification, language  
20          access, law enforcement, and representation  
21          of Latinos in government.

22                    As you know, another big issue within  
23          our community is that of the undocumented  
24          population. I'm sure a lot of you have heard  
25          a lot of controversy about that.

1                   And how we Outreach to this community  
2                   has been very difficult because as you know,  
3                   again, language barrier place a big role,  
4                   there's a lot of trust issues that are  
5                   involved with when have you a community  
6                   that's kind of fearful, one of law  
7                   enforcement as well as government.

8                   So, it's really been a learning  
9                   experience as far as really gaining trust  
10                  with this community, working with key  
11                  loaders, organization has been a big, big  
12                  factor in Outreach to this community.

13                  Some of the gaps that I guess we have  
14                  run into undocumented persons that arrived in  
15                  Virginia after January 2004, are ineligible  
16                  to obtain a driver's license or  
17                  identification scarred from DMV because of  
18                  illegal presence law and that was after 9/11.  
19                  So that's a big issue that we run into a lot  
20                  of times with the Latino community.

21                  Another gap is activists in the Latino  
22                  community providing bilingual services are  
23                  providing a link to the community whereas a  
24                  lot of these community organizers are not  
25                  really how to say it, they are not really

1            knowledgeable about what others are doing so  
2            they are kind of duplicating efforts a lot of  
3            tiles. so that's another thing that we have  
4            run into with working with a lot of these  
5            organizations.

6            A lack of bilingual services providers  
7            in all areas. Whether it's in state  
8            agencies, local agencies and lack of  
9            information available in other languages is a  
10          key issue. And again that's probably going  
11          to really focus in on all communities, not  
12          just the Latino community as Rupa noted  
13          earlier that's one of the main issues also in  
14          the in the Latino communities.

15          In the metro Richmond region it has  
16          been a challenge to really try build trust  
17          within the community from a state level.  
18          Really again relying on leaders within the  
19          community to spread the word and focusing on  
20          helping state agencies with translation of  
21          materials, assisting them with contacts of  
22          key leaders, also creating a database of  
23          Spanish media throughout the State of  
24          Virginia has been key. Really kind of not  
25          having the experience of working with public

1 safety, but knowing the need out there, just  
2 kind of jumped in there and actually worked  
3 with the Virginia department of emergency  
4 management to do a lot of translation.

5 So, that's kind of been an experience  
6 because, again, that's not my field, but I've  
7 seen the need out there, the lack of  
8 communication with this community, so really  
9 being willing to kind of jump in there not  
10 being afraid to make contact with this  
11 community and building trust, and he, again,  
12 the key there is really targeting those key  
13 leaders in the community and organizations  
14 and working with that. It is also crucial  
15 for service providers to be culturally aware,  
16 sensitive of the specific communities, their  
17 out reaching to.

18 For example, within the Latino  
19 community, a lot of times we lump everyone  
20 from Latin America as just Latinos and,  
21 again, there are various issues within that  
22 that come up. As far as one exam would be  
23 individuals from Puerto Rico, they are needs  
24 are really different from individuals that  
25 come -- they are immigrating to the

1 United States from, for example, south  
2 American. Because pewter recognizance answer  
3 are citizens of the United States, they are  
4 not really dealing with the same issues as  
5 someone coming here from South America that  
6 is not a citizen of the United States, again,  
7 are you dealing with identification issues,  
8 you are dealing with legal status, how do you  
9 change, you know, worrying with different  
10 documentations, different Visas that may be  
11 available.

12 Also taking that into account.

13 So, that brings me back to my point as  
14 far as you can't lump the whole Latino  
15 community into just one.

16 Again, the issue with the newly arrived  
17 immigrants is a big one. It's crucial for a  
18 lot of service providers to be very  
19 knowledgeable as far as the difference  
20 statuses that are concerned when dealing with  
21 different populations, especially your front  
22 key people that are providing these services,  
23 because they may not be aware of certain  
24 Visas, for example, if people from  
25 El Salvador or individuals from El Salvador

1           may have a different status here with the T  
2           PS. Individuals may be coming to the  
3           United States in work Visas, students Visas,  
4           that otherwise kind of right now it's they  
5           are in the in between phase as far as being  
6           documented or undocumented. So it's -- what  
7           do you call them. And also the various terms  
8           that are used, for example, you hear illegal  
9           alien. That's kind of a term that we really  
10          don't like to use because of course, we are  
11          not aliens. So, that's kind of a negative  
12          term that we try stay way from. Again, one  
13          of the main factors in dealing with in  
14          working with the Latino community has been  
15          trying to really educate them on law  
16          enforcement. Trying to build that trust,  
17          working with the State Police, giving them,  
18          you know, for example, information on key  
19          leaders in Northern Virginia in the Richmond  
20          area, southwest Virginia, so they can contact  
21          them once they make contact, possibly holding  
22          forums within that area. Really kind of  
23          working with already established medias. For  
24          example, again, I want to bring up the  
25          Spanish media list, targeting that area. You

1           can't really -- when are you dealing with the  
2           Latino community you can't really focus on  
3           just getting it out, for example, in the  
4           Richmond Times Dispatch, because that's not  
5           really being cultural sensitive this,  
6           community, again, are you dealing with  
7           language barriers, so they are not going to a  
8           lot of times pick up The Richmond Times and  
9           really flip through that. There are a lot of  
10          Spanish media outlets that are available.  
11          The radio station in Richmond as well. And  
12          various in Northern Virginia that exist that  
13          is really an outlet to target and to focus on  
14          this community and, again, it's very  
15          important to kind of build that trust  
16          beforehand, before letting it get to late  
17          when a natural disaster occurs and then, you  
18          know, translate that go one document and  
19          wondering why that community wasn't aware.

20                 Because a lot of times a lot of  
21                 agencies feel like we translate information  
22                 and that's about it, you know. But, really  
23                 the real key is getting that information out  
24                 there. How do you do that. And, again,  
25                 focusing on those leaders, focusing on

1 Spanish newspapers and radio stations, TV  
2 news channels, come cast I know has an  
3 individual that goes on in the chest tear  
4 field areas, he basically out reaching to  
5 Latino community and that's in the  
6 Chesterfield County liaison office. Also we  
7 work with the City of Richmond Spanish  
8 liaison office to reach out to that community  
9 on a local level. Some solutions that I see  
10 that can help without reach into this  
11 community is hiring bilingual individuals,  
12 individuals within your office to help  
13 Outreach with Latino Hispanic community.  
14 Again, if this isn't possible, it's not in  
15 your budget, possibly using a language line  
16 to interpret and, this again, I hate to keep  
17 going back to this point of relying on your  
18 key leaders, but a lot of times they have  
19 those contacts already as far as getting  
20 information translated, knowing individuals  
21 in the community that are willing to assist  
22 with this, either for free, a lot of times,  
23 you know, we take advantage of that, but I  
24 think really trying to focus on getting  
25 individuals the information that is needed.

1                   Being very conscious of hiring  
2                   individuals that are bilingual that are  
3                   culturally sensitive, not just pulling an  
4                   individual in your organization as a token  
5                   Latino, just because they look Latino or  
6                   Hispanic does not necessarily mean that they  
7                   are going to know the culture or speak the  
8                   language.

9                   Holding culturally sensitive trainings  
10                  in your organizations is also key. Trying  
11                  to, you know, have speakers that always focus  
12                  on that issue is very important.

13                  Holding forums, that's one of the  
14                  things that the Virginia Latino advisory  
15                  commission has really focused on is holding  
16                  forums through the state, trying to get  
17                  information from those communities that  
18                  otherwise, again, we wouldn't know of.  
19                  Getting information translate onto your  
20                  website, translations of press releases,  
21                  really kind of sending that out through your  
22                  networks, again, establishing that  
23                  beforehand.

24                  And again, if you don't have -- my  
25                  whole thing is if you don't have individuals

1 or you don't have the money to translate, to  
2 have documents translate professionally, I  
3 think as long as you have the information out  
4 there and relying on someone that can speak  
5 Spanish and can translate it, but may not be  
6 an expert, as long as you get that  
7 information out there, I think is key.  
8 Again, I say that because getting the  
9 information out is probably the key issue  
10 right there. Knowing also where the Latino  
11 community a lot of the concentration is, for  
12 example, Dutch village, London town, working  
13 with the different organizations in the  
14 Richmond area as well, becoming familiar with  
15 these organizations, the city liaison, the  
16 Richmond school based Outreach city of  
17 Richmond Hispanic liaison, again, again, many  
18 of these organizations and key leaders can be  
19 your liaison to the community. How to get  
20 the information out. Also working with the  
21 Red Cross, working with an individual Peter  
22 Vanderlip, who just walked in, has been  
23 very -- has been key, he's helped a lot and  
24 this has again been a learning process for me  
25 as well when our first incident with gas tone

1 occurred and having the community in fallen  
2 creek apartments which a large percentage is  
3 Hispanic and that was my first incident where  
4 I was kind of loan in and trying to deal with  
5 that.

6 Again, the key issue is really trying  
7 to contact those key leaders and getting your  
8 message out there is very important.  
9 Communicating with this community ahead of  
10 time and not waiting to the last minute.

11 I think I've taken up my time there and  
12 thank you very much, and I look forward to  
13 your questions.

14 MS. REBECCA FEASTER: All right. We  
15 are going to go ahead and open up the panel  
16 for some questions. Who would like to go  
17 first. Now I have a question if no one wants  
18 to go first, I always have some in my back  
19 pocket.

20 Since I will let the group muddle for a  
21 second. I would like to ask the commissioner  
22 what is the status of pick, Fort Pickett or  
23 Pickett town or town of Pickett. What's  
24 going on with that.

25 MR. JAMES ROTHROCK: I haven't been

1 down tore a while to the best of my knowledge  
2 it's been dismanned would. We went down and  
3 obtained the equipment that we brought down.  
4 We had left a couple of vehicles down there  
5 that were wheelchair lift equipped. So, I  
6 think that the official language --

7 NEW SPEAKER: The end of October?

8 MR. JAMES ROTHROCK: We stood down.

9 MS. REBECCA FEASTER: How many people  
10 did you end of serving.

11 MR. JAMES ROTHROCK: Zero. But we were  
12 ready. I once met John Hager who was the  
13 Governor Warner's chief of the office of  
14 preparedness or safety or something like  
15 that, and I saw him on the street and I said  
16 John it's great to be beside you because a  
17 feel like this is the safest spot in the  
18 State of Virginia to be close to you, he said  
19 no no, it's not safe, but we are prepared.  
20 And that was all you could do. But we were  
21 prepared for up to 1400 on a first rush and  
22 then by the time the different waves came, we  
23 were prepared to migrate a large number of  
24 those to the next step and bring in another.  
25 So we were prepared to handle about 1400

1 people in one fell swoop.

2 MS. REBECCA FEASTER: I think it's just  
3 every impressive that in 48 hours you were  
4 able to bring things on line so quickly.

5 MR. JAMES ROTHROCK: It's amazing.

6 MS. REBECCA FEASTER: It does go to  
7 show that when there's a crisis and need it's  
8 amazing how that people can get their act  
9 together so quickly and the question is how  
10 do we get people to act that way off the top.

11 One again anybody have a question?

12 NEW SPEAKER: Sam Heywood, Virginia  
13 Defense Force. I have a question for  
14 Mr. Rothrock. Now, this Town Pickett is a  
15 partitioned area of Fort Pickett, are there  
16 now two entities at Fort Pickett, one being  
17 Town Pickett and the other being a military  
18 base.

19 MR. JAMES ROTHROCK: I guess you were  
20 saying we were given or an ex -- what do you  
21 call the kitchen, in the military?

22 NEW SPEAKER: A mess hall. Now they  
23 call it a dining facility. But in the old  
24 days it was a mess hall.

25 MR. JAMES ROTHROCK: We had a dining

1 facility, several dormitories and then an  
2 officer quarters that could be made more  
3 accessible, and it had a degree of privacy to  
4 the -- what do you call the dorms, I'm sorry.

5 NEW SPEAKER: Barracks

6 MR. JAMES ROTHROCK: The barracks were  
7 able to handle up to 100 people in this line,  
8 25 in this line, and then on the second story  
9 25 and 25. We had several barracks.

10 NEW SPEAKER: Those were the old World  
11 War II barracks?

12 MR. JAMES ROTHROCK: Right the old mess  
13 hall and then we had four other buildings  
14 that we convert into a processing center, a  
15 medical center, a support center, and a  
16 service center. So we had all and all about  
17 immediately we had one, two, three, about 7  
18 buildings with the capacity to go to as many  
19 as necessary. And, this was the most amazing  
20 to me, Sidney Cave, who was at the Department  
21 of Education worked with superintendent DEM  
22 AR R Y. We had a school from K through 12  
23 ready to go with teachers from Nodaway County  
24 and brought in --

25 MS. REBECCA FEASTER: I'm sorry.

1                   MR. JAMES ROTHROCK:   From Nodaway  
2                   County and your classrooms were your basic  
3                   generic building but they had brought in the  
4                   teachers aid, the toys, the stuff that  
5                   teachers are fantastic in putting up to make  
6                   the room look cuddly and cozy, and were ready  
7                   to go with lesson plans.   Each potential  
8                   person that might have come in was with a  
9                   welcome bag, which had, you know, everything  
10                  from Virginia peanuts to notes of good will.  
11                  It was amazing to see.   And it was 48 or 76.  
12                  It was right around 48, maybe 64 hours.

13                 NEW SPEAKER:   Do you know the size.

14                 MR. BILL ARMISTEAD:   The internet cafe.

15                 MR. JAMES ROTHROCK:   Yes, NexTel, I  
16                 believe, was able to come down and put up a  
17                 new tower, all of this on the anticipation.

18                 NEW SPEAKER:   Do you know the size of  
19                 the area that's been designated as Town  
20                 Pickett?

21                 MR. JAMES ROTHROCK:   No.   I don't know  
22                 right off the top.   Are they actually  
23                 contemplating changing the name of that  
24                 entire.

25                 MR. JAMES ROTHROCK:   No it's been stood

1 down. It's back to a barracks and mess hall  
2 now. It's ready for another disaster.

3 NEW SPEAKER: But the military is open  
4 for military training and operation.

5 MR. JAMES ROTHROCK: It's back.

6 NEW SPEAKER: What you have done is you  
7 all have just partitioned off a certain area  
8 of Fort Pickett.

9 MR. JAMES ROTHROCK: Correct. Now it's  
10 unpartitioned and ready to be used by the  
11 National Guard.

12 NEW SPEAKER: Thank you very much.

13 MR. JAMES ROTHROCK: Thank you for your  
14 question.

15 MS. REBECCA FEASTER: Any other  
16 questions. Okay. I have another question.  
17 Bill, you mentioned the fact that Virginia  
18 was the fifth most likely state to have a  
19 disaster. What is that based on? Is that  
20 about hurricanes, what is that about?

21 MR. BILL ARMISTEAD: Based on natural  
22 disasters and basically the number of  
23 presidential disaster declarations the most  
24 likely state which is where I thought you  
25 were going to go with that, but anyway, is

1 Texas.

2 MS. REBECCA FEASTER: We are number  
3 five though. Anyone else. Okay, I'm going  
4 to ask one last question, I have three  
5 questions I'm going to ask myself. Rupa, you  
6 mentioned this issue of trust and in fact  
7 both of you can answer this question. In new  
8 immigrant areas with law enforcement and with  
9 community, tell me how do you bridge those  
10 issues? Because I know with these new  
11 immigrant groups they come with a lot of  
12 issues about trusting government, they had  
13 bad experiences in their home lands, how do  
14 you help bridge that process?

15 RUPA SOMANATH: I think most  
16 importantly is getting to know the community.  
17 So, if you Outreach to the community prior to  
18 a disaster, you will bridge that gap. And it  
19 really is at a grass routes level. so not  
20 only does the state need to do some work, but  
21 also local governments need to put in some  
22 hours as well to get to know those  
23 communities.

24 So, basically it is just going out and  
25 being part of the communities at a grass

1 roots level prior to anything happening and  
2 then that will be bridged.

3 MS. MARIBEL RAMOS: Again, I think Rupa  
4 pretty much summed it up, being part of the  
5 community beforehand as well as if it is  
6 possible, hiring someone on your staff that  
7 is bilingual or is from that community, that  
8 can relate, because, again, a lot of issues  
9 come with newly arrived immigrants, there are  
10 so many different issues from documentation  
11 to culture to language barriers, so, again,  
12 it's very important to bridge that gap and  
13 use media as well to really focus on that  
14 community.

15 MS. REBECCA FEASTER: Thank you for  
16 that answer.

17 Now I'm going to do a little bit of a  
18 plug for my sessions in the next two days.  
19 Some of the things that were brought up was  
20 this issue of how neighborhoods respond in  
21 getting them involved. One of the things  
22 that I do on a regular base cyst community  
23 engagements through the Department of Justice  
24 and community oriented policing services  
25 office. And what we try to do is we try to

1 get neighbors actively involved in what is  
2 happening in their communities and to respond  
3 to disasters on a very street by street  
4 basis. So that people who have elderly  
5 members in their community, they are checking  
6 up on them, they are making sure that they  
7 get to the shelters that they have somebody  
8 that they know. If there's somebody that's  
9 wheelchair bound and her not getting out of  
10 their house asks communities have come to us  
11 and said, listen, we don't want people to be  
12 left out of the process. We are concerned.  
13 How do we get organized, how do we tap into  
14 sources through either first responding  
15 groups, police deposit, we usually work with  
16 the community and the police department. And  
17 what we discovered and I've been doing this  
18 media engagement for five years in  
19 communities from Anchorage to Fort Myers,  
20 Florida is that everybody wants the same  
21 thing, everybody wants to get more involved,  
22 and everybody realized that there aren't  
23 enough resources or money for everybody to  
24 tap on everybody's door and say here is all  
25 the services you have, let's do it. So, we

1 are talking to people and getting reactivated  
2 into their neighborhood and instead of  
3 pulling into their garages every afternoon  
4 after work, taking a little more time in  
5 their own neighborhoods. So, for the next I  
6 have two sessions that I will be doing, I  
7 will be talking about collaborative problem  
8 solving and community engagements, how we do  
9 it, how we get people motivated and sustained  
10 in the process.

11 Because what I tell people all the  
12 time, they say Rebecca, how long do we need  
13 to do this for? And I say as long as you are  
14 breathing you are going to need to do this.  
15 So, we are talking about sustaining, this has  
16 got to be a way people do business. I tell  
17 people all the time you do not have enough  
18 money, you don't have enough time, you don't  
19 have enough police officers, you don't have  
20 enough EMTs, there's no way that you can  
21 provide all of the services without everybody  
22 in the neighborhood and on the street going  
23 actively involved. And this is old-fashioned  
24 neighborhood stuff. This is old-fashioned  
25 neighborhood stuff about people taking

1           responsibilities for each other and checking  
2           on each other as neighbors. But it has to be  
3           retaught.

4           Anyway, I'm going to wrap things up I  
5           want to thank these panelists, they gave such  
6           wonderful insight. Can you please give them  
7           a round of applause.

8           Suzanne, do you have anything else to  
9           add? And I apologize for my big hair being  
10          in the way of the screen. I really need to  
11          get the volume down.

12          Here, Suzanne.

13          MS. SIMMONS: I also want to thathank  
14          the panelists and I'm sorry that the room  
15          emptied out so much this afternoon, we have a  
16          lot of commuters, and next time I will know  
17          to schedule a panel with five members like  
18          you a lot earlier in the day. So, I've  
19          learned one lesson, and I'm sure I will learn  
20          many more before the week is up.

21          So, I just want to say thank you very  
22          much. And tomorrow we start at 8:00 a.m.  
23          with Jon Barton from the Virginia VOAD to  
24          speak on his time and Sri-Lanka and he's  
25          going to get into a lot of the people that

1 fall through the cracks because of economics.  
2 So, I think it should be quite interesting  
3 and he is also with the Church World Service.

4 Thank you.

5 \* \* \* \* \*

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